		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
203401	11-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	1 1 0 1
, ,	1. DE	CEASED NAME Christopher MIDDLE MIDDLE OF ESTI- DEATH MATED TO DEAT	15 10 65 10 T
RECTO- JR FILES 2 HOUR	3. SEX	A RACE DATE OF BIRTH ON THE PROPERTY OF THE PR	UAY YEAR 2d, HOU
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ELAY IS NECESSARY, PER- TO THE FUNERAL DIRECTO- I PAGE 5 FOR YOUR FILES BE FILED, WITHIN 72 HOURS 35, 201 W PRESTON STREET	10 CI	WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126 KIND OF BUSINESS OR INDUSTRY
21201 21201 ANY DELAY RETAINU BE PARCORDS	USU/	ACRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITATE 136. COUNTY 137. CITY OR TOWN 138. STREET ADDRESS	21673
E ANY DEL AND 3 TO RETAIN P SPOULD BE RECORDS		The Talkot Troppe YES NO Bartott	30x 319
MORE. A		WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. III. INFORMANT ADDRESS	hons
BALTIN BENEF THE PAGES DIVISION	(1	(IF YES, GIVE WAR OR DATES) 219.96/6499) WILLIAM FALLEY	2 APPROXIMATE INTERVAL
NAME OF THE PARTY	1	18 CAUSE OF DEATH (Enter anly one cause per transported by Cause Of Death Was Caused By: MMEDIATE CAUSE (a) MMEDIATE CAUSE (a) Monday MMEDIATE CAUSE (a) MMEDIATE (a)	BETWEEN ONSET AND DEAT
PRESSO PALHYGINE PALHYGINE PALHYGINE PEMOV		Conditions, if any, which gave rise to immediate	
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O SEE AFE	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
TALRE OULD HEE MILE FALCE	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
A OF VITA CATE SH HE WOR THE CHUD BE VITA BE S TO BUR	AL CERT	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUSE AND MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH OF M. M. T.	
DIVISION OF S. CERTIFICATE RITING THE W RDED TO THE E. DE SAHOULD OI PRIOR TO E	MEDICAL	CONTRIBUTING CAUSE OF DEATH 1 P.M. 1985 (MANUAL MANUAL MAN	without 1 ht
D THIS THIS THIS OF WARE, WE PAGE		22a I certify that I took store of the remains described above, hold all Autopsy Inspection Inquiry and in my c	offor My
CAMINE CRITIFICA INECTO INECTO		death resulted from Natural routes	- 11 1
CALES SHOULD SHOULD EATH, V	17.	ACTUAL SONATURE M.D. MEDICAL EXAMINER SIGN	NED 7-16-85
DIVISION OF VITALREC TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD FINN PAGE 4 SHOULD BE FORWARDED TO THE CHEET MEI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT CHEALL BALTIMORE, MARKLAND, 21201 PROR TO BURIAL CR	1	EXAMINER'S NAME (TYPE OR PRINT) ADDRESS	
BP		7/2085 Povadise Traine 7	STATE ML
DHMH - 17 (VR A15 ME (5))	24 F	UNERALDIRECTOR NADIRESS OF SILVE THE 250. DATE REC'D. BY REGISTRAR'S Lease ADVRESS OF SILVE THE 1250. REGISTRAR'S	SIGNATURE

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STATE OF MARYLAND 214129 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. DECEASED NAME Ralph ALLEN KNOWN Leon OF ESTI-(TYPE OR PRINT) FUNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W, PRESTON STREET, 4 RACE IF LINDER 1 YR IF UNDER 24 HRS 3. SEX DATE YEAR LAST BIRTHDAY PRONOUNCED 1924 July 28. DEAD Male White 60 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY MARRIED PA NEVER MARRIED Maryland USA WIDOWED DIVORCED FILED. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS HOWNDUSTRY Carpenter(ret. Construction BALTIMORE, MD. 21201 113b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Wve Mills 21679 Maryland Tall bot P.O.Box 53 YES DO NO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Cleveland Allen Bennett Elsie Harrington Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESP. O. Box 53 Wife (YES, NO. OR UNKNOWN) I (JE YES GIVE WAR OR DATES) Mrs. Joyce L. Allen. Wye Mills. Md. No 220-26-3720 CAUSE OF DEATH (Enter only one course per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE ED AS A BURIAL - TRANSIT HEALTH AND MEALTH Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION USED A 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WOLLD PAGE A SHOULD BE FORWARDED TO THE CHIEF I TO FUNREAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (ATHOME 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY AT WORK NOT WHILE If the remains described above, held an Inspection 22a | certify that I Autopsy and in my apinian death resulted from SIGNATURE MEDICAL EXAMINER EXAMINER'S NAM . Lane Wroth, MD. St. Michaels. Md. (TYPE OR PRINT) ADDRESS. 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b STATE July 24,1985 Old Wye Cemetery Barton Funeral Home Wye Mills BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH** - 17 James H. Barton, Jr., Centreville, Md. 21617 (VR A15 ME (5)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	2	0	9	8	1
		-	_	7	_

	1 - STATE REGISTRAR		HEALTH AND MENTAL HYG IFICATE OF DEATH	SIENE 8 SEG. NO. 2	987
	DECEASED NAME FIRST		ckhouse FORBIRTH	20. DATE OF DEATH MONTH DATE 7 - 5 6 AGE (IN YEARS LAST BIRTHDAY)	V YEAR 26 HOUR M
	Female	Plack		61 YRS.	INTHS DATS HOURS MIN.
7	Virginia	I IICA	RIED NEVER MARRIED WEDTE DIVORCED	BALTIMORE CITY OR COUNTY O	PF DEATH MD.
1	Easton	11. NAME OF HOSPITAL, NURSING HOMI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	CSO Hal	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Laborer Seafo	12b. KIND OF BUSINESS OR INDUSTRY od industry
2	Md. Ken	UNTY 13c. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 102 Prospect	21620 St.
1	John She	eppard	15 MOTHER'S MAIDEN NA FIRST Ann	ie Ames	21629
2	160. WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SECURITY NO 220 09 8607			Gay St.
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	The Lug		10 months
	PART 2 OTHER SIGNIFICATE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITIONS CONTRIBUTING TO DEATH BI		20g AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
>	OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAM	POEATH HOUR A.M. MONTH DAY YEA	IR .	RED (ENTER NATURE OF INJURY IN ITEM IS PAR	
	22a.l certify that (II the his saw the discardally	nspital) attended the deceased from 19 ot) view the body after death.	DEGRA	death occurred on the date and hour o	22c. DATE SIGNED
,	1234 PHYSICIAN NAME IT	ICE D. BOHAN M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/16/85
	230. BURIAL, CREMATION, REMOVE Burial	- 11	own Cem.	Rock Hall, M	COUNTY STATE

Rock Hall Ave. Rock Hall

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept of Health IMPORTANT: If Hem 21 is

the burial-transit permit Then pland Annal Hygiene prior ta buri marked ar them 18 shows any

(VRA 15, 4)

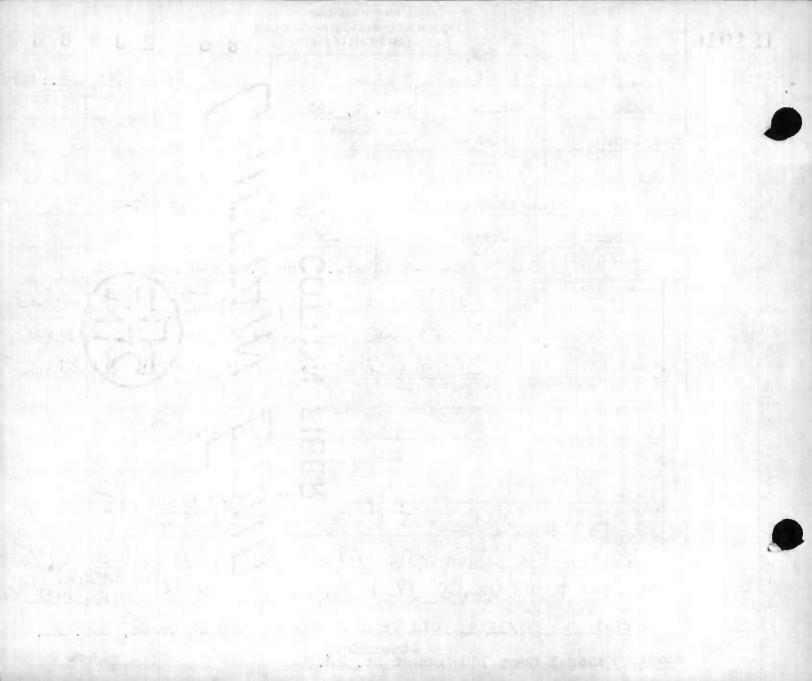
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24 FUNERAL DIRECTOR James Perkins

Md.

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STATE OF MARYLAND



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	(TYPE)	Will Will a	am o	. Buc	Ke and DEATH MA	ATED 7 15	8555
Ī	5EX	A RACE // S	DATE OF BIRTH	A. AGE (PHYEARS IF UNDER 1 YR.	W UNDER 24 HRS. N. DATE HOURS MH. PRONQUNCES	MONTH DAY	YEAR NE HOU
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ě	CITY	OR TOWN OF DEATH	II. NAME OF HOSPITAL NI	IRSING HOME, OR OTHER INSTITU	DIVORCED ITEM USUAL OCCUPATE	DIBO TON ITTE OF WORK 1175. KIND	O OF BUSINESS
	0	ston	(IF NOT IN SUCH PACKITY GIVE		21 FOR HOST OF WORKING		NDUSTRY
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Ľ	m. att	und s	2.A. 20	wentown YES	NO F ROUN	#1 3	162
F	4. FAT	HER'S NAME	Manue D	IAST 1 15. MOTH	ER'S MAIDEN NAME MIDDLE		10 /
ļ		Woller	154	CIAL SECURITY NO. IV. INFORU	mortha	Watk	2m
F	1765	IS DECEASED EVER IN U.S. ARME	AR ORDATED	11.6410 11.	11	B. 6-	~~
F	1	I CAUSE OF DEATH (Enter only	1 /4 / -	760100144	areng gy	Sune	ECHINATE INTERVAL
ı		PART I DEATH WAS CAUSED I	ny. / 184	MILLA	AKA KIA	RETWE	EN CHIEF AND DEATH
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ı		Conditions, if any, which gave rise to immediate	(b)				
I		couse (a) stating the under- lying couse last.	DUE TO, OR AS A CO	NSEQUENCE OF			
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ı	-	NOT COUNTY SHEMP (CAMPITIONS CO	MINISTRACTO DENTA SUL NO. SEL	NATE OF THE PERMANAL DISTARY OF COMBILIO	N GIVEN IN PAGE T (a).		
t	CERTIFICATION	No. DATE OF OPERATION	19s. CONDITION FOR	WHICH OPERATION WAS PERFOR	IMED?	72. AU	HOPSY?
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		INDERLYING OR	HOUR A.M. MONTH		OCCURRED LEMIER HATURE OF HAVEY	HI ITEM, 18 PART 1 OF FART 23	1
ı		INDERLYING OR CAUSE OF DE	71e PLACE OF INJURY	19 2H LOCATION	The same of		
	MEG	WHILE OR NOTHING	STREET, EACTORY, FARM,		CITY OF TOWN	COUNTY	STATE
	-	AT WORK AT WORK	2		KN		
		224. I certify that I fool charge	of the remains described ob-		Inspection A Inquiry A	and in my opinion	
ı		death resulted from	Accident	Socide . Hoping	ode Wietermined manne	. —	
J		ACTUAL TIME	111/1/1/1/1/1	MONTH	MILL A MEDICAL EXAMINE	B DATE 2	16-84
H	1	XAMINER'S NAM	M COS BO	V	11-07		0
Į		TYPE OR PRINT)		ADDRESS_			
ľ	Jie BUI	HAL CREAMING LEMOVAL TH	1 1 - 1	MAR OF CEMETERY OR CREMATO	City ORTOWN	Me county	STATE /
1	4 FUI	NEWAL DIRECTOR	24 35 4	10 borson Com	The DATE REC'D. BY REGISTRAR [2		
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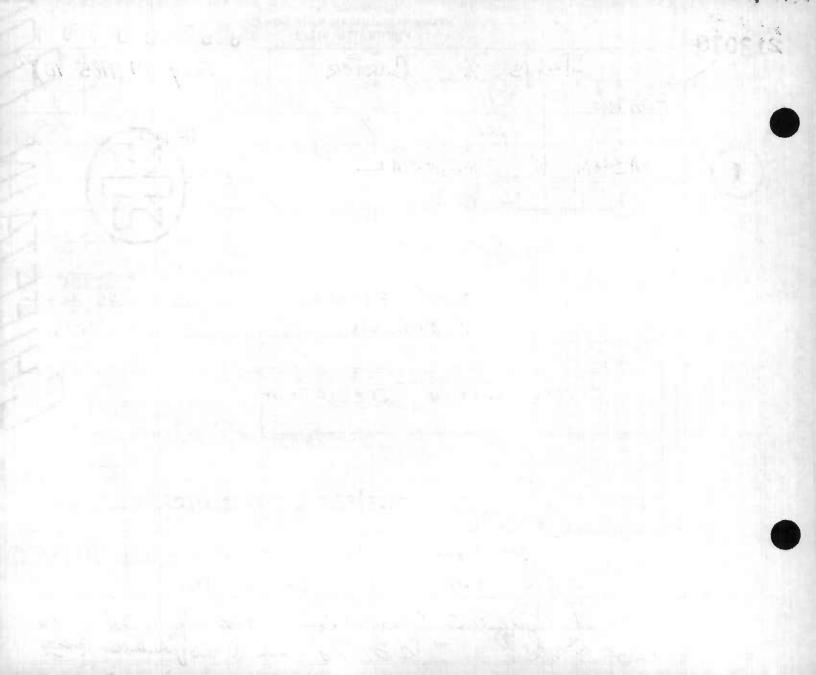
	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
059 1	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR	9 0
) II B	PECEASED NAME FIRST MIDDLE HERRY BUTTER JR. 20 DATE KNOWN MONTH OF ESTI- DEATH MATED	DAY YEAR 26. HOU
3. SI	M B NONTH DAY YEAR LAST BRITISHED DAYS HOURS MIN. PRONOUNCED July 3	DAY YEAR 2d HOU
2	BIRTHPLACE (STATEOR OF WHAT COUNTRY? MARRIED NEVER MARRIED PALTIMORE CITY OR COUNTY OR COUNTY OF WHAT COUNTRY? MARRIED NEVER MARRIED PALLOO	MI
8	EASTON 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MEMORIFAL 12. USUAL OCCUPATION ITYPE OF WORK 12. FOR MOST OF WORKING LIFE) DOINTER	OR INDUSTRY
13e.	JAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 137. CITY OR TOWN 7 136. INSIDE (ITY LIMITS? 136. STREET ADD RESS 157. Michaels YES X NO 130. STREET ADD RESS 157. Michaels 157. Michaels 158. STREET ADD RESS 157. Michaels 158. STREET ADD RESS 158. STREET ADD R	ANP
9	FATHER'S NAME TOAN HEARY BYTIER'S MAIDEN NAME MIDDLE PERSONNELLE PROPERTY PERSONNELLE PROPERTY PROPERT	binson
1 160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS 17 INFORMANT BUT	
	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b)) and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LCUTE CARRANGE ORGANISE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MEDICAL CERTIFICATION	Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF (b)	
	couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)	
N N	PART 2 OTHER SIGNIFICANE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).	
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
CALCERT	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	
MEDICAL	TIE INJURY OCCURRED WHILE NOT WHILE AT WORK 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNT	Y STATE
	220. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry . Inquiry . ond in my opinion death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined manner .	an
6	D 1 1 00 TITLE (SPECIEY)	7-20-85
7	EXAMINER'S NAME LOUIS 5 Welty ADDRESS Easton Will	
230.	BURIAL CREMATION, REMOVAL 1736 DATE 1736 NAME OF CEMETERY OR CREMATORY 1236 LOCATION COUNTY STORY THE COUNTY STORY THE	mo
24.	JUL 3 0 185 PAGISTRAR 256 REGISTRAR 256 REGI	NATURE

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	FOR - STATE REGISTRAR	STATE OF M DEPARTMENT OF HEALTH CERTIFICATI	AND MENTAL HYGIENE	0 1 2	0991
	CEASED NAME CHARLES	M Cart	er	Tuly a	7 1985 10 4 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
3.5	Female 12	S DATE OF BIRTH	DAY YEAR 14/ 27	YRS	IF UNDER 1 YEAR IF UNDER 24 PRS
2	ITY OR TOWN OF DEATH	WIDOWED WIDOWED OF OTH	DIVORCED	MORE CITY OR COUNTY	MD 126 KIND OF BUSINESS OR
No.	SASHAN (IF NOT IN AL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTI	SUCH FACILITY, GIVE STREET DORESS) ON GIVE RESIDENCE BEFORE ADMISSION)	(TYPE OF	work for most of working Lift	
30	ATHER'S NAME ANDOLE	CANTICULIA YES	1	EET ADDRESS 1 ZIP CODE	2551
10 10 160 P	WAS DECEASED EVER IN U.S. ARMED FORCES VES. NO OR UNIXNOWN) (IF YES, GIVE WAR OR DATES		Gladys IFORMANT TO A	ADDRESS	Frazier
	18 CAUSE OF DEATH (Enter only one cause of PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o),	per line for 103, (b), and 10 FAI	WKE	MY JEY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH US HOUSE
other traumatic	gave rise to immediate	OR AS A CONSEQUENCE OF			YRANS
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS SEVERALE M	CONTRIBUTING TO DEATH BUT NOT R SEP IDITION FOR WHICH OPERATION WAS		EASE OR CONDITION GIV	EN IN PART Îta
S shares ony reju		San San Landin	YES (NO YES	
dor hem 18.1	OR CONTRIBUTING CAUSE OF DEATH HOUR	A.M. MONTH DAY YEAR P.M. 19	HOW INJURY OCCURRED (ENTI	ER NATURE OF INJURY IN ITEM TO P.	ART I OR PART 2)
morked o		STREET, FACTORY, OFFICE, FARM ETC)	STREET , 19, ta	CITY OR TOWN	COUNTY STATE
Mem 21.	sow the deceased alive on above, (I) (we) (did) (did nat) view the bo	dy after death. DEGREI			and from the couses stated 22c DATE SIGNED
PORTANT.#	22d. PHYSICIAN'S NAME (TYPE OR PRINT)		ADDRESS	STAFF TOR PHYSICIAN	1/28/85
3-1-	BURIAL CREMATION, REMOVAL 236 DATE	31/85 CLOSTO	ERY OR CREMATORY 23d L	OCATION CITY OF TOWN	COUNTY STATE
24	UNERAL DIRECTOR	A	250. DATE REC'D.	BY REGISTRAR 256, REGIST	RAR'S SIGNATURE

DHMH - 16 60M 7/84

(VRA 15, 4)



		FOR
1	-	STATE
		DECICTRAD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	G. NO.	2	0	9	9
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102	Ŀ	REGISTRAR			CERTIF	ICATE OF DEATH	& DEG. NO.	0 4 4	Sim
102		CEASED NAME FIRST Bert	ha Chaire		L	AST		22 - 85 5:	OO
0.00	3. SE		4 RACE	S	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		DER 24 HR
t ette	F	emale	Caucasi	an	Marc		93 YRS	MONTHS DAYS HOURS	MI
200		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA		8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY		
(F)	ALTERNATION AND PERSONS ASSESSMENT	aryland	U. S. A	•	WIDOWE	DIVORCED [Talbot		
\mathcal{Y}		Easton	Meridian	The	ADDRESS) Pir	PROTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	12b KIND OF BUSIN INDUSTRY Home	NESS
35	13a M	aryland An	000	residence before CITY OR TOWN ueen A	N	13d INSIDE CITY LIMITS? YES 💢 NO 🗌	13e STREET ADDRESS / ZIP CODE Park Avenue	2165	57
M	14 F.	ATHER'S NAME	MIDDLE 3.6	LAST		Annie	MIDDLE	LAST	
15/1/	160	Michael was deceased ever in U.S.		Namee SOCIAL SECUI	RITY NO	Annie	Delmar	Neal 21657	
Contract.			CIVE WAR OR DATEST	164840				een Anne.	B
- 1		18 CAUSE OF DEATH (Enter					· Ollowal Obj. Wat	APPROXIMATE INT	_
10		PARTI. DEATH WAS CAU	SEĎ BY.	Silal	eral	CVA		9 m	,
ows only men	CERTIFICATION	PART 2 OTHER SIGNIFICAN HY CLE 190 DATE OF OPERATION	kusmi 1	Carlo	vasc	NOT RELATED TO THE TERM When Duseas N WAS PERFORMED	200 AUTOPSY? 206. IF YES	S, WERE FINDINGS USES OF DEA	ATH?
atol Hygie atol Hygie am 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF IN.		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P		
Mentol or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMILE 21d INJURY OCCURRED		- LILIDA	19	ZII LOCATION			
ked or	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, F		ARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
mori		220 I certify that (I) (this has	spital) attended the de	ceosed from_	-	3/15 19 78	10 7/7.7	19 8 0 , that (l)	(we)
Dept. of H		saw the deceased office obove, (1) (we) (did) ydid	nat) view the body after		on on	d that in (my) (our) apinion	death occurred on the date and hou	and from the couses s	stated
Dept Dept H Hen		22b. SIGNATURE	11/1	1	(DEGREE ATTENDING	MEDICAL STAFF	220 DATE SIGNED	
z z		224 PHYSICIAN'S NAME (TYP	E OR PRINTI	a J	/	PHYSICIAN E	DIRECTOR PHYSICIAN	7/23/8.	5
with the Stot		WM	H Woo	0		EASTON	1. Md		
3 ≥ 1	23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
- 1	24.5	(SPECIFY) Burial	7/26/8	5 Wc	odla	wn Mem. Pa	rk Easton Ta	albot MD	
60M 7/84 5, 4)	1	UNERAL DIRECTOR	1/201	100 PESS /	28.1	Abrul 25a DAT	E REC'D. BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE	
	1	word function	HOMM, A	. JONE		Malan	To so	10 to	

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STATE OF MARTLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
DEPARTME	NT	OF	HEA	LTH	AND	MENTAL	HYGIENE		
	CF	DTI	FIC	ATE	OF	DEATH			

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1. DECEASED	NAME FIRST		MIDDLE	~ (AST		20 DATE OF	DEATH	HTMON	DAY YEAR	2b. HOL	34
	Damu	el MC	RTON	On	amber	25		7	3	7 85	19	AM
I: SEX		4 RACE		S. DATE C			6 AGE INY	EARS LAST BIRT		IF UNDER I YEAR		R 24 HRS
male	2	caucas	ian	9	23	0 4	80		YRS	MONTHS DAYS	HOURS	MIN.
70 BIRTHPLA	CE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER N	ARRIED	9 BALTIMO	RE CITY OF	COUNTY	OF DEATH		
Penns	sylvania	USA		WIDOWE	D DN	ORCED		Tal	pot	Cou	Mu	MD.
10 CITY OR T	OWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION		OCCUPATION FOR MOST OF		12b. KIND (ESS OR
20	stow	Eas		SMOR	ial		Clai		ent		1roa	ad
USUAL RESID	ENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE		134 INSIDE CI	TV HALITSO	13e.STREET	ADDRESS /	7ID CODE	-00		
Mary]		lbot	Oxford	14	YES X	NO		Bonfi		Ave./	216	54
14 FATHER'S	NAME				IS MOTHER'S		1000		CIG			2-1
Frede	rick	M .	Cham	here	Emm	FIRST 2	т 1.	oyd		Mo	on	
160 WAS DEC	CEASED EVER IN U.S. AL		166 SOCIAL SECU		17 INFORMAL		111	ADERE	S 1 T	36 36	30' 81 8	
YES	UNKNOWN) [IF YES GI	VE WAR OR DATES)	716-05-	1.1 1.7	Pocc	M.Chan	nhoro		ford			65%
		TT			Dess	M. Chai	libers	UX	TOLC		XIMATE INTE	654
PAF	JSE OF DEATH (Enter of RT I. DEATH WAS CAUS!	nly one couse per ED BY:			VENTRI	CIV NO	SEATH	la Nie	FEG		-	JRS
	IMMEDIA	TE CAUSE (a)	11-equin	KU	K 13-14 1 1CI	COGINE	SMIH	TL DE	-174	14	1700	رمارح
		DUE TO, C	R AS A CONSEQUE		e h	0.40	2 . 41	1.10	דרם מו	1/7/	22/0	-
	tions, if any, which	(b)_	Irc	UT	12-114	o CAR	DIAL	INFI	11CCIC	DV /	43/1	
cause	(o), stating the lying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF								
Onder	lying cause last.	(c)_										
PART 2	OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEAS	E OR COND	ITION GIV	EN IN PART 1	ł a	
19a DA	TE OF OPERATION	IAL COND	ITION FOR WHICH	ODERATIO	ALIMAS DEDECT	1450	20g AUTO	DBCV2	TAN IF YES	WERE EINIO	NO5 115E	
5 1	TE OF OFERATION	I'va COND	MON FOR WHICH	OFERANO	IN WAS PERFOR	IMED			IN CERTIF	YING CAUSE		
E L			5.00.000		1		YES 🗌	NOX	YE		NO [3
00.00.	CIDENT WAS UNDERLYING [216. TIME C	M. MONTH DA	YEAR	71c. HOW IN	URY OCCURR	ED LENTER NA	TURE OF INJURY	IN ITEM 18 P	PART 1 OR PART 2)		
O (IF EIT)	HER NOTIFY MEDICAL EXAMINE		M.	19			THE .				- 11	
~	JURY OCCURRED	21e PLACE	OF INJURY	ARM FIC I	211. LOCATIO	N		CITY OR TOW	/N	COUNTY		STATE
AT WORK	NOT WHILE AT WORK			1	11			1 1	-			
220 1 ce	ertify that (1) (this hasp		e deceased from_	7/2	5/12	, 19	, to	112/19	5	19	tha (1)	(we) last
say	w the deceased alive or ove, (1) (we) (did) (fid no	7/27	alter death	, ar	nd that in (my)	our) opinian d	feath accurre	d on the da	e and hou	ond from the	causes st	oted
	SNATURE	1 1 1	.1		DEGREE					22c. DAJE	SIGNED	
1 2	C	. ww.	Bu			HYSICIAN A	DIRECTOR	STAFI		7	27/9	5
22d. PH	YSICIAN'S NAME (TYPE				22e ADDRESS							
	<. A	. W. B	AIN	1125		Erz	eton	1 1	413	2160		
23a. BURIAL, (CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR C	REMATORY	23d LOCA	ATION OR TOWN		COUNTY		STATE
crema	ation	7-29-	85 Sa	lisb	ury Cr	emator		lisbu	iry	Wic.	Md	PINIE
24 FLINERAL	DIRECTOR					1 C. 19 4 190	DEC'D AV D	CCICTRADIA	CL DECIST	DADIC CICALA	THE CO.	

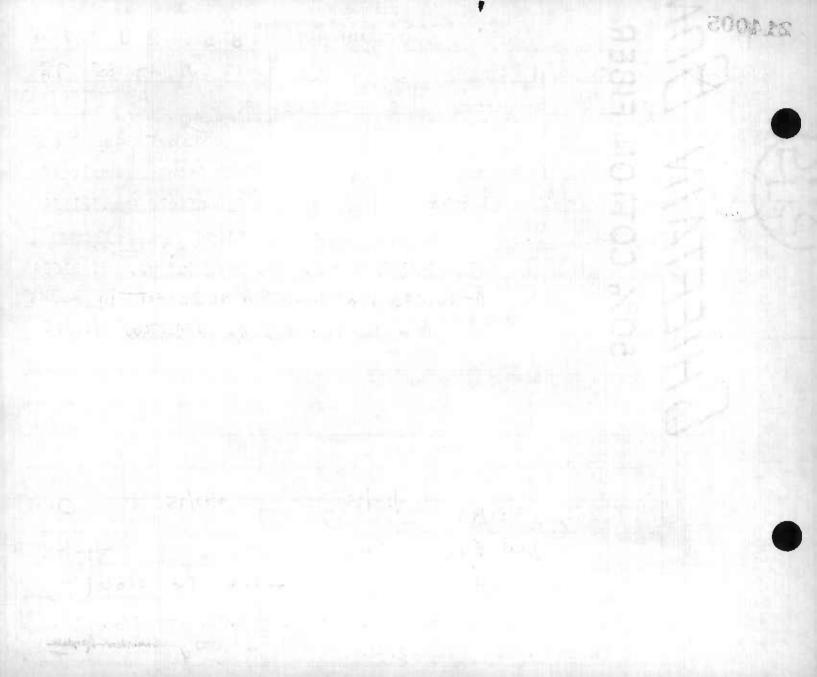
DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

Newnam Funeral Home

Easton, Md.



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# O C O X 1 4	FOR	DEPARTMENT

JEORGE

- STATE REGISTRAR DECEASED NAME TYPE OF PRINTS

14 FATHER'S NAME

IVES HO DE UNENGWEIL

3. SEX

TATE OF MADYLAND

DEPARTM	IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	209	9	4
	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUI	R
	CHESTER	7-	5.85	123	PM
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS
	2 24 86	99 YRS.	MONTHS: DAYS	HOURS	MIN.
COUNTRY?	8 HARVED HARDIED []	9 BALTIMORE CITY OR COUNT	Y OF DEATH	7	
1	MARRIED NEVER MARRIED WIDOWED DIVORCED	ALTH AND MENTAL HYGIENE CATE OF DEATH ST. 20. DATE OF DEATH MONTH DAY YEAR HESTER 6 BIRTH DAY YEAR 29 YRS. 6 NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH DIVORCED 1 TALBOT		MD.	
ITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OI	BUSINE:	SSOR

LCITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING
EASTON	(IF NOT IN SUCH FACILITY, GIVE STREET AD
	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AL
3a STATE / 13b COL	INTY / 13c CITY OR TOWN

IF HE OWE WAR DEDATED

4. RACE

DMISSION INSIDE CITY LIMITS? Talbot Stmich nels

(TYPE OF WORK FOR MOST OF WORKING LIFE)

12ms

18: CAUSE OF DEATH Enter only one course pe PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to

INE WAS DECEASED EVER IN U.S. ARMED FORCEST

A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a ACCIDENT WAS UNDERLITTING	2
OF CONTRIBUTING CAUSE OF BEATH	P
THE EITHER, NOTIFY MEDICAL EXAMPLES	L
TIL INJURY OCCURRED	12

Conditions, if any, which gave rise to immediate couse (a), stating the

underlying couse lost.

146 DATE OF OPERATION

THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR

19

19L CONDITION FOR WHICH OPERATION WAS PERFORMED

THE HOW INJURY OCCURRED THAT ENABLES OF PLANT OF PART IS DEPART TO

70s AUTOPSYT

NOT

and that in (my) iour opinion death accurred on the date and how and from the causes stated

e PLACE OF INJURY THE MARK STREET PACTORS GREET BARRE TO NO MHIS I 27s.1 certify that (I) (this haspital) attended, the deceased from

2H LOCATION CITY OKTOWN

COUNTY STATE

30b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES TO

CATION

27st ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN DATE SIGNED

JI: NAME OF CEMETERY OR CREMATORY

THE LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

74. FUNERAL DIRECTOR

AZITIRE N.

25a DATE REC'D.

I were and Applicant file transmit in Laterape Cost

		OR		DEPA	RTMENT OF HE	ALTH AND MENT	AL HYGIENE			
60		REGISTRAR				'S CERTIFICAT		NEO NE	- 1	9 5
H of	(TYP)	EASED NAME OR PRINT)	BARBA	ARA		COOK	C	OF ESTI-		YEAR 26. HOU 9 9 9
TO STATE OF	3. SEX	F RAC	B	3 20 3	A AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YR. IF UN MONTHS DAYS HOUR		DATE DNOUNCED DEAD	MONTH DAY	19 /
2		RTHPLACE (STATE OR SEIGN COUNTRY)	76. CI	ITIZEN OF WHAT CO		MARRIED NEVER M	AARRIED 1. B	To In	COUNTY OF	DEATH
16	10 CI	a STON		AME OF HOSPITAL, FNOT IN SUCH FACILITY, G		OTHER INSTITUTION Y HOSP	FOR MOST	OCCUPATION (TYPE OF WORKING LIFE)	OF WORK 12b K	IND OF BUSINESS OR INDUSTRY
	USUA 13a. S	ATE CATE	136 COUNTY		ILY OR TOWN	13d. INSIDE CITY LIMI	1157 13e. STREET	ADDRESS Dx 268	Gleny	NOON CH
201		FOODL.	MIDD	Ke	ellum	15. MOTHER'S M	AAIDEN NAME	MIDDLE	N.) 1/er
20-1	16a. V	AS DECEASED EVER S, NO, OR UN NOWN)	IN U.S. ARMED FO		SOCIAL SECURITY N	D. 17. INFORMANT	rolan	Richa	rd-or	
		18 CAUSE OF DEAT PART I DEATH W	TH (Enter only one AS CAUSED BY: IMMEDIATE CAU	cause per line for (a)	(b), and (c).)	Risis			BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
EMOV.		Conditions, if a	any, which	DUE TO, OR AS A C	CONSEQUENCE OF					
TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		gave rise to cause (a) stating lying cause last.		(b) DUE TO, OR AS A C	ONSEQUENCE OF	75.50		3-10		
EMATIC	Z	PART 2 OTNER SIGNIFICAN	T CONDITIONS CONTRIB	UTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	OISEASE OR CONDITION GIVEN	I IN PART 1 (a)			
Sink, Si	CERTIFICATION	190 DATE OF OPERA	ATION	196 CONDITION F	OR WHICH OPERATI	ON WAS PERFORMED?			20	AUTOPSY?
		210 EXTERNAL CAU	OR	216 TIME OF INJUR HOUR A.M. MON	TH DAY YEAR	HOW INJURY OCC	URRED (ENTER NATU	RE OF INJURY IN ITEM TO	PART 1 OR PART 2)	YES NO
	MEDICAL	CONTRIBUTING TO THE TOTAL TO THE TOTAL AT WORK AT W.	RED WHILE	P.M. 21e PLACE OF INJU STREET, FACTORY, FAR		IF LOCATION STREET	Cr	TY OR TOWN	COUNTY	STATE
AND, 21201				ne remains described				nquiry A on	d in my apinian	
AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND;		ACTUAL SIGNATURE	Low	in A No	ulta	TITLE (SPECIF	41	L EXAMINER	DATE SIGNED 7	-19-25
NOR 7	/	EXAMINER'S NAME (TYPE OR PRINT)	4	oms 5.	Welty	ADDRESS E	ASTON	f Md	SIGNED	
BAI		RUCIO	EMOVAL 236 DA	124/85	Was of	THE OF CREMATORY	IN LOCA City ON TO	TION OWN 7.540×	-72	mo
NH - 17 5 AAF (5))	24, FI	WE DESCRIPTION	Andril	1 wown Ra	to on	1 130.3	UL-300 1	85	andon's	septime.

20M 4/B2

STATE OF MARYLAND

191065

- STATE REGISTRAR DECEASED NAME

LIVPE OR PRINTA

male

Maryland

TO BIRTHPLACE ISLATE OF FOREIGN

3. SEX

DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE SEG. NO	0.	0	9	9	b
Cooper,	Sr.	AŠT	20 DATE OF DEATH	7-1-8	B5	YEAR	26 HOU	P
sian VHAT COUNTRY?	5. DATE C	2 26 1898	86 9 BALTIMORE CITY O	YRS R COUNT	MONTHS Y OF DE	DAYS	HOURS	MIN.
OSPITAL, NURSING LFACILITY, GIVE STREET A LIAN— The	WIDOWE G HOME C	DIVORCED DIVORCED	Tal 12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF Painter	ON	IFE) IND	USTRY	f BUSIN	
Eastor Coope 16b SOCIAL SECUI 216-03-7	n er	13d INSIDE CITY LIMITS? YES N NO 15 MOTHER'S MAIDEN NA/ FIRST MATY 17 INFORMANT	Catherin ADDRE	esson	Ave	Wi] eenr	llis	ge Rd
inefor (0), (b), one Respi	lic.1	Richard H.O	sooper, ar	redi			MATE INTE	
ASACONSEQUE	NCE OF I	ve Heary	Faile	IVE		m.	u01	10.
AS A GONSEOUE	NCE OF					400	irs	
ntributing to D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GI	VEN IN F	ART 110		
ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOXX	IN CERT	S, WERE IFYING C ES []			
INJURY L. MONTH DA	Y YEAR	21s. HOW INJURY OCCURS	MED (ENTER NATURE OF HURS	to the HEAL IS	Felt LOF	terraj		
F INJURY ELFACTORI OFFICE TA	MM, ETC.)	ZII LOCATION	E/TH C# 10	VETE	col	INTY		STATE

Meridian-Easton USUAL RESIDENCE (IE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE) 136 COUNTY 13c CITY OR Maryland Talbot East 14 FATHER'S NAME LAST Philip Richard Coc 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) NO 216-0 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A GONS underlying couse lost. 50 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19s. DIATE OF OPERATION 1% CONDITION FOR WI 21a. ACCIDENT WAS UNDERLYING THE TIME OF INJURY HOUR A.M. MONTH OF CONTRIBUTING CHUSE OF DEATH PM LY EINER NOTEY MEDICAL EXAMPLE. 214 INJURY OCCURRED THE PLACE OF INJURY AT HOME STREET FACTORY OF pe NOT WHAT 22x.1 certify that (1) (this haspital) attended the deceased fro saw the deceased always and the body after death and that intimy (out) opinion death occurred on the date and hour and from the county stated 724 SHINATURE DEGREE ATTENDING -MEDICAL STAFF DIRECTOR [] PHYSICIAN [PHYSICIAN THE PHYSICIAN'S WAME ETTIPE CHEPRINE 77e ADDRESS ORT Banfield. Easton. 736 LOCATION Burial 7-5-85 Spring Hill Cemetery Easton Talbot

HENRY

caucasian

Th CITIZEN OF WHAT COUN

USA 11. NAME OF HOSPITAL NU

Richard

4 RACE

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL DIRECTOR

Newnam Funeral Home

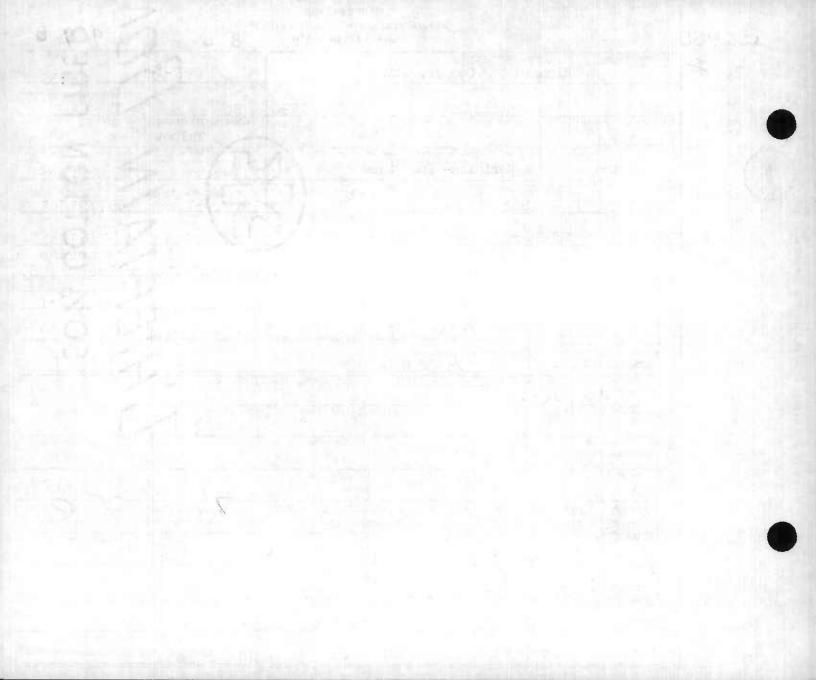
14 FUNERAL DIRECTOR

Easton, Md.

250 DATE REC'D BY REGISTRAP 25E REGISTRAP'S SIGNATURE indelle

STATE Md

7h. DATE SIGNED



STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

cremation 24 FUNERAL DIRECTOR

(SPECIFY)

Newnam Funeral Home Easton .Md.

23b. DATE

7-24-85

STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Easton, Md. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Salisbury Salisbury Crematory Wicomico REGISTRAR 256. REGISTRAR'S SIGNATURE

26 HOUR

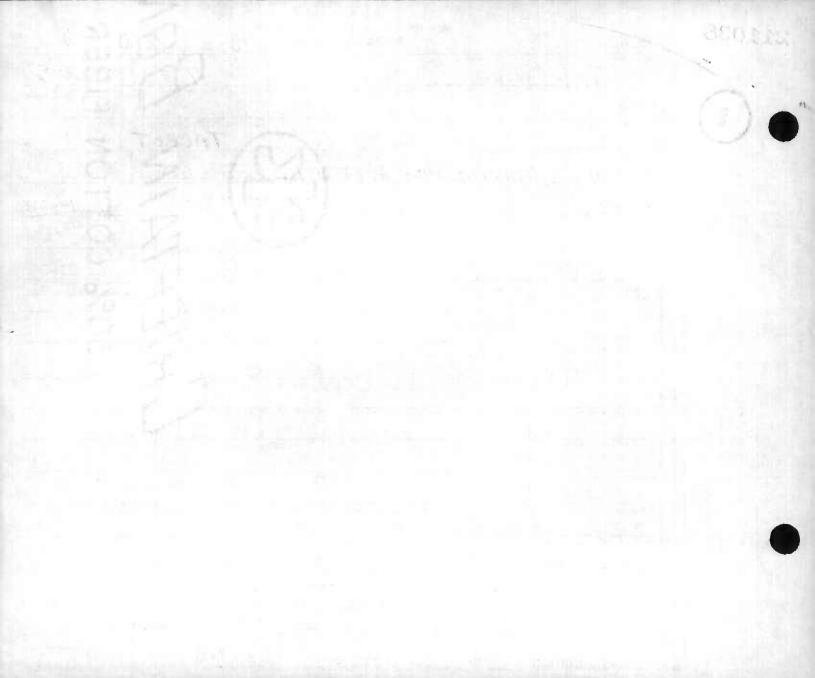
12b. KIND OF BUSINESS OR

NO F

COUNTY

Ring

IF UNDER 21 HPS



	1	STATE OF
203457	FOR STATE REGISTRAR	DEPARTMENT OF HEAD CERTIFICA

STATE OF MARYLAND
EPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

- 1	-								A.		5			
H		CEASED NAME OF FIRST		IDDLE	D	AST C		A	MONTH DAY	YEAR	26. HOUR 30			
1	1.5E)	Kober	RACE J.	AMES	5. DATE C	CTT,	SR	6 AGE (IN YEARS LAST BIR	1 14	905 NOER I YEAR	E UNDER 21 HRS			
1				ion	MONTH 8		32	52	MOM		HOURS MIN			
1			Caucas	VHAT COUNTRY?	8			9 BALTIMORE CITY O	R COUNTY OF	DEATH				
2		rvland	USA		WIDOWE	D X NEVER	VORCED	1	Albo	7	MD.			
0	-		1. NAME OF H	OSPITAL, NURSIN	G HOME C			12a. USUAL OCCUPAT			BUSINESS OR			
1	1	EASTON	(IF NOT IN SUCE	Memo	Ri	AL		contractor		r Bui	lding			
9	13a. S	TATE 136 COUNT	THER INSTITUTION O	GIVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS	ZIP CODE	-				
2		Maryland Tal	.bot	Easton		YES 🗌	ио 🔀	Rt.1 Box	327/2	1601				
2	7		IDDLE	tasi		15. MOTHER'	FIRST	WE		LAST				
4		Frank E	ED FORCES?	Daffin 166 SOCIAL SECUI	PITY NO	Re 17 INFORMA	becca	ADDR	iss 1 5	Roe	99			
/1		ES. NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)					D-CC:- T		ox 32				
		YES 1953-		217-30-		Snir	rey A.	Daffin E	Easton		21601			
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	line far (a), (b)	auto	n.	0.50.50	and hele	L	BETWEEN OF	4			
1	Ö.	IMMEDIATE			0-0-		Siecero	3	-		<u> </u>			
1		Canditions, if any, which (b) Atlenay clarette Hoard Descared 40am												
	-7	gave rise to immediate												
	1	couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF												
-		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11a				
	FICATION								1					
1	FICA	190. DATE OF OPERATION	196 CONDII	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		NG CAUSES	OF DEATH?			
	CERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INTURY		21c HOW IN	IURY OCCUPE	RED (ENTER NATURE OF INJU	YES [NO 🗌			
1	NI C	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.A	A. MONTH DA			JOHN OCCOM	LEGIER WATORE OF INSU	KT IN TIEM TO PAKT	TOR PART 21				
	MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.A. 21e. PLACE C		19	21f LOCATIO	N							
	ME	NOT WHILE	(AT HOME STRE	EET, FACTORY, OFFICE FA	ARM ETC }	STREET		CITY OR TO	WN	COUNTY	STATE			
		22a.1 certify that (1) (this haspita	al) attended the	deceased fram_		Man	19.875	July July	19.	87 1	hat (1) (yet last			
		the deceased alive an_ abave, (1) (we) (did) (did nat)	view the body of	10 198	, or	nd that in (my)	(aur) apinian d	death accurred an the d	afe and hour as					
		77% SPONATURE QU) /	lt 11		DEGREE				22c DATE S	IGNED			
		1 Serenge	ed	In		<i>A</i>	TTENDING PHYSICIAN [MEDICAL STA		7/14	(83			
71	B	27d. PHYSICIAN'S HAMP	PRINT)	45		22e ADDRES	1 1	1 -	- 1	116				
		P. Grede M	rodes	MD.		503 D		and la,	Cap ten	Mol	511901			
	- (URIAL, CREMATION, REMOVAL	23b DATE			EMETERY OR	REMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE			
		urial INERAL DIRECTOR	7-17-	85 01dWy	re Mi	lls	126 5	Wye Mill		lbot	MD.			
		NAME	77	ADDRESS		La	25a. DATI			R'S SIGNATU				
	N	ewnam Funeral	Home	Easto	on, r	Id.	JU	L 1 6 1985	E/WACA	internal -	- Selling			

DHMH - 16 60M \$/8 (VRA 15, 4)

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- STATE

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BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

REGISTRAR

DECEASED NAME

BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE Pipe Coverer DuPont Co. 13e STREET ADDRESS / ZIP CODE 310 E. Central Avenue ADDRESS Federalsburg, Md. 216-03-9337A | S. Elisabeth Daffin, 310 E. Central Avenue, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 yr PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death occurred an the date and have and from the causes stated 221 DATE SIGNED 8/2/85 DIRECTOR PHYSICIAN H. R. Trapnell, M.D. 128 Bloomingdale Ave., Federalsburg, Md. 21632 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, REMOVAL 236. DATE Aug. 3.1985 Hillcrest Cemetery Burial Federalsburg, Caroline, Maryland 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Federalsburg Framptom-Hawkins Funeral Home, 216 N. Main St. AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

O REGINO

2g. DATE OF DEATH

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election issue

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

803208	1.	STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE	2	1 0	0 0
poge 3		CEASED NAME FIRS	۶,, ۶	MIDDLE	111	AST		- 85	YEAR	26 HOUR 3
poog er de	3 SE	×	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF U	NDER 1 YEAR	F UNDER . HRS
ctor s off	I	emale	Cauca	sian	Oct.	14. 1903	81	YRS.	THS DAYS	HOURS MIN
th. Po		RTHPLACE (STATE OR FOREIG		F WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
ep 11/2		exas	U. S.	A .	WIDOWE NG HOME C	DR OTHER INSTITUTION	120 USUAL OCCUPATION	N I	125 KIND OF	BUSINESS OR
and a so	3	astou	(IDIOT IN S	OLLA CO	Rua	P	Nurse	WORKING LIFE	Nursi Nursi	
24 hou	130		ome or other institution county aroline	13c. CITY OR TOV	VN	13d INSIDE CITY LIMITS? YES NO TO	River Ro		216	29
outhing 12	4. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM		1000	LAST	
in the state of th	1	Perry	Leo	Chastai		Pearl	Edwa		enew	
11/12	1	VAS DECEASED EVER IN U. ES NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES]	44540]		Jean Whith	ADDRES		vl and	21620
t Hall	-	18 CAUSE OF DEATH (En	ter only one couse p			100011 1111200	- 0 0	· · ·		ATE INTERVAL
1111		PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (0)_	Pylimo	hary	Embolus (mbolus			
rh ce corbi			DUE TO,	OR AS A CONSEOU	ENCE OF					
dea atten		Conditions, if any, while								
by the ose rem ol, creme		couse (a), stating the underlying couse lo	DUE TO	or as a conseou	ENCE OF					
signed then ple to burio	NO.	PART 2 OTHER SIGNIFIC.	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or cond	ITION GIVEN	IN PART 110	
an. has been to permit the prior owsony is	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES C	GS USED OF DEATH?
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DHMH - 16 60M 7/84 (VRA 15, 4)

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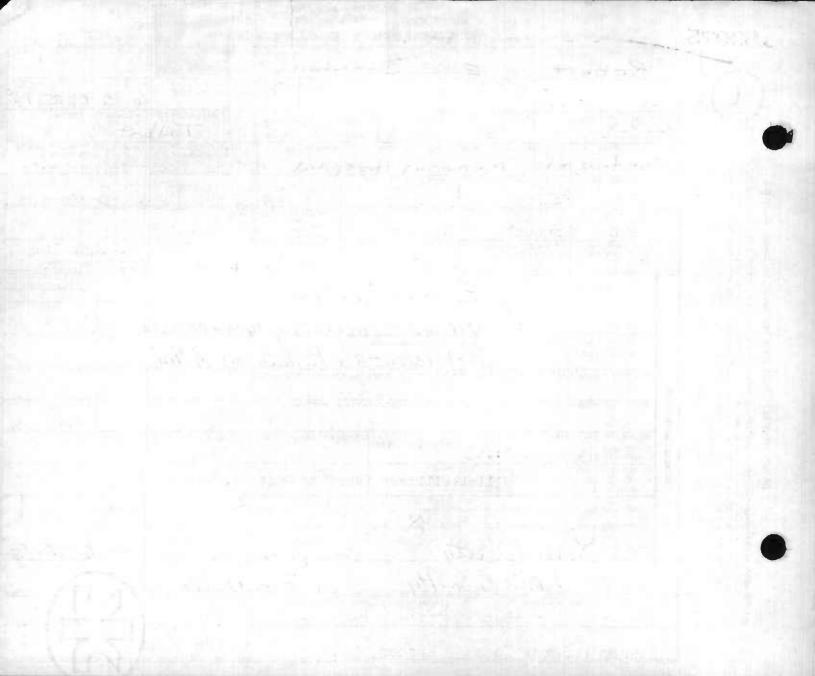
David S. Smith, M.D. Caroline Health Services, Denton, MD

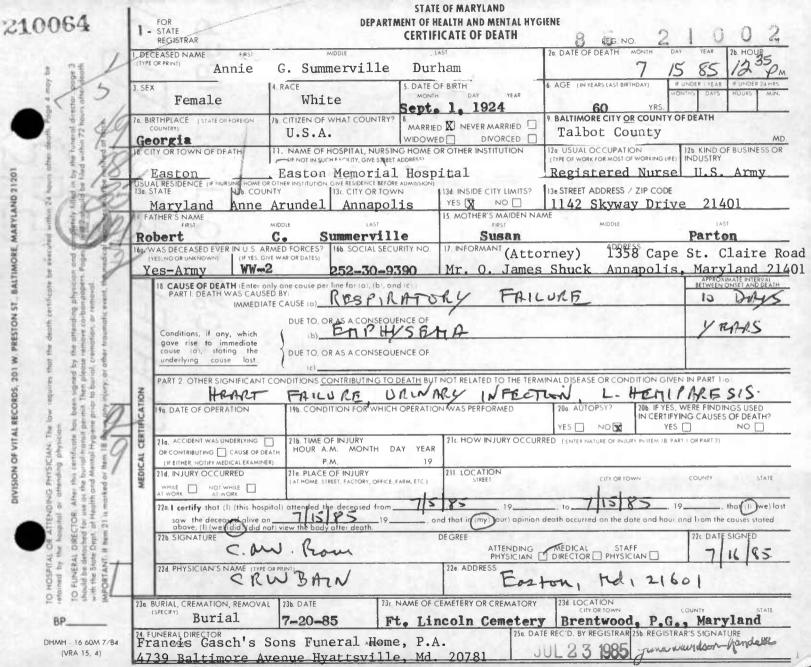
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STATE OF MARYLAND





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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 210142 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-Walter E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W. PRESION STREET, ANDREW DEATH MATED UNDER 1 DATE 12. PRONOLINCED MALE CAUC. DEAD 76 CITIZEN OF WHAT COUNTRY? 78 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIEDXIX NEVER MARRIED FOREIGN COUNTRY MARYLAND U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 17a USUAL OCCUPATION OR INDUSTRY PM 3. RETAIN PA ND 2 SHOULD BE F VITAL RECORDS, 2 SALESMAN WAVERLY PRESS 13c CITY OR TOWN 13e STREET ADDRESS 13a. STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 21663 106 W. HARBOR RD. TALBOT MICHAELS NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PALL GIVE PALL VITH FORM PAN SECT AND 2 LAST ANNA ELIZABETH WILMERING LUDWIG EGLSEDER WITH FORM F T. PAGES 1 AN DIVISION OF ADDREST 06 W. HARBOR R. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES EGLISEDER ST. MICHAELS. 160-18-0769 EMMA M. WW Md • 21.66 p approximate interval between onset and death 18 CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE DUE TO A CONSEQUEN Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (p) ED AS A B CERTIFICATION. 19s. DATE OF OPERATION 184: CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMNER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "Y PAGE A SHOULD BE FORWARDED TO THE CHIEF TO FUNKRAL DIRECTOR: PAGE 3 SHOULD BE USEE AFTER DEATH, WITH THE STATE DEPARTMENT OF H BALTIMORE, MARYLAND 2120, PRIOR TO BURIAL. TIR EXTERNAL CAUSE WAS 216. TIME OF INJURY ONTRIBUTING CAUSE OF DEA AT WORK AT WHILE 22a I certify that Maak the remains described above Autapsy Inspection and in my apinian death resulted lum Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ST. MICHAELS, MARYLAND LANE WROTH M.D. 21663 (TYPE OR PRINT) 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23r NAME OF CEMETERY OR CREMATOR) MARYLAB REMATION JULY 985 BP **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

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STATE OF MARYLAND

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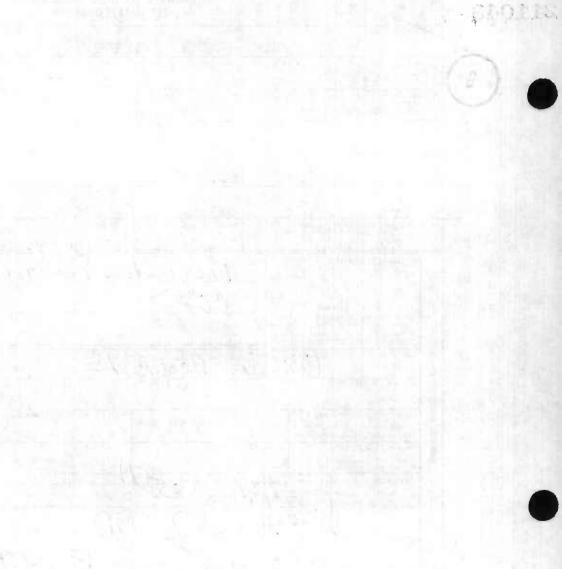
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Newnam Funeral Home

Easton, Md.

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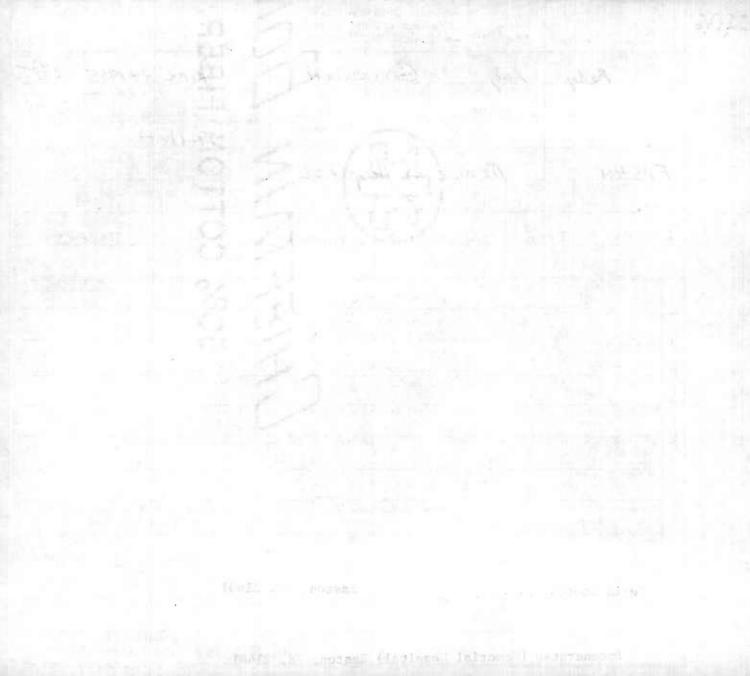
STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Incenerated (Memorial Hospital) Easton

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



Federalsburg, Md. 21602

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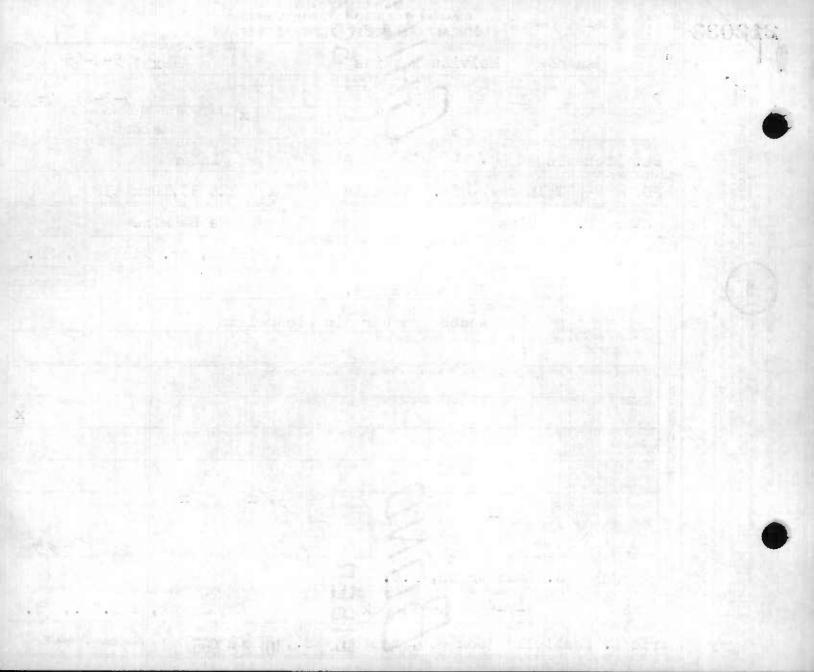
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		NO OR UNKNOWN)	R IN U.S. ARM (IF YES, GIVE W		166. SOCIAL SECURITY	NO.	Joseph I	Fields,	St. M	ichae	els, l	Md.
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STATE OF MARYLAND

2078	,	FOR			DEPARTM		OF MARYLAND EALTH AND MENTAL HYG	SIENE			
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Stephen P. Carney, M.D. Burial CREMATION, REMOVAL 236 DATE

7-9-85

234 NAME OF CEMETERY OR CREMATORY

Easton, MD 21601

Md.

DHMH - 16 60M 7/B4

Newnam Funeral Home (VRA 15, 4)

Easton, Md.

Olivet Cemetery

atory | 23d. Location | Cilvorious | St. Michaels Talbot Md | 23e. Date recid. By Registrar 25b registrar's signature | JUL 10 1835 | St. Michaels Talbot Md | St. Michaels

BP.

Stephen P. Carney, M.D. Easton, ** 21601 was a series of the series of

STATE OF MARYLAND 199068 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH YEAR 7h HOUR ECEASED NAME THPE OR PRINTS WILLIAM CHARLES TRELAND 85 IF LINDER 21 HRS 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR J. SEX MONTH VEAD 05 male caucasian BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED TALBOT laryland USA WIDOWED | DIVORCED [12n USUAL OCCUPATION NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY EASTON Contractor Home Improvem ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Easton 13e.STREET ADDRESS / ZIP CODE 3a STATE Talbot 13d. INSIDE CITY LIMITS? Maryland Rt.6 Box 420/21601 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Ireland Elizabeth Sarah John MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Rt. 1Box 86A. LYES NO OR LINKNOWN (IF YES, GIVE WAR OR DATES) Dorothy I. Christopher Preston. Md. 21655 204-22-1650 NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for to PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if ony, which gove rise to immediate couse (o), stoting the andiovresular disease underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOV YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21n ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 16016 220.1 certify that (1) (this hospital) attended the deceased fram. (lune) and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive an obove, (I) (we) (did) (did i 22b. SIGNATURE DEGREE 27c DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S N 22e ADDRESS 23a BURIAL CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 3d LOCATION STATE Burial CITY OR TOWN COUNTY 7-8-85 Woodlawn Memorial Talbot Easton BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 ADDRESS (VRA 15, 4) Newnam Funeral Home Easton, Md

133001 STATE OF STREET PARTY OF STREET

	1			STATE OF MARYLAND										
	1.	FOR STATE	DEPART	WENT OF HEALTH AND MENTAL	HYGIENE									
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		RTHPLACE (11 ATE OF FERENCE COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	9F DEATH								
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1178	8	as four	11 NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Housewife	12b. KIND OF BUSINESS OR INDUSTRY								
1 11 10	USU	AL RESIDENCE IN NUMBER OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION										
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1 11/150	7 . +1	ITHER'S NAME	MIDDLE LAST	is mother's maiden stopher Willi	NAME	LAST 21632 ester								
1 25 10		VAS DECEASED EVER IN U.S. AR			ADDRESS	20001								
1 00 1	N	_	216-09-	-6693 Benjamin	V. Jaglowski	see 13e.								
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by the o	1	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE											
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1 1 1 1 1	CERTIFICATION	196 DATE OF OPERATION	200 AUTOPSY? 200. IF YES, IN CERTIFY YES NOX	, WERE FINDINGS USED YING CAUSES OF DEATH?										
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G PHYS offerday the this tond Me had or I	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F		CITY OR TOWN	COUNTY STATE								
A Post of the state of the stat	-	22a.1 certify tha (1) (this haspi	tal) attended the deceased fram	7-20 19 8	5 , to 7 – 29 , to 10 death accurred on the date and hour	19.85 , that (1) (we) last								
E 5 5 5 5 5	3	saw the deceased alive an abave (D) we) (did) (did no	1) view the body after death	, and that in my (aur) apin	ian death accurred on the date and havr	and from the causes stated								
Chest Chest		228. SIGNATURE		DEGREE		ZZE DATE SIGNED								
A TAN			1. Trever. N	THISICIAL	G MEDICAL STAFF	29 July 8:								
HOSPI risk of the S off the S off the S		22d. PHYSICIAN'S NAME (TYPE O		22e ADDRESS										
A SHAM			Trever, M.D.		0×297 Easte	n, Md.								
	23a. E	urial, cremation, removal specifylurial		NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION CITY OR FOWN	COUNTY STATE								
BP		UTIAL JNERAL DIRECTOR	8-2-85 Sr	ring Hill	Easton Ta	albot Md.								
DHMH - 16 60M 7/84 (VRA 15, 4)			Home, P.A. ADDREE	LM motor	DATE REC D. BY REGISTRAR 25b. REGISTR	don-Randalls								

STATE OF MARYLAND

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	- STATE REGISTRAR		DEFARIN	CERTIFICAT	E OF DEATH		8 REDNO	2	10	1
	CEASED NAME A	ies V	w/0003	Lea	vis. Si	300,000	OF DEATH	7-18	- 85	J 3
N N	tale	White	te	3 DATE OF BIR	DAI HA	6. AGE	PY TEARS LAST BUTT	JHONT	The second second second	UNDER 28
125	BRINPLACE (MUREONIO COUNTRY)	HIGH TE CHIZEN C	USA	1	NEVER MARRIEI DIVORCEI	HALTI	-	COUNTY OF	DEATH	
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50	Edward	E.	Lewis	15. 64	Ella	NAME	ANEXOCIA	E 10	Pace	
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or orther try	gave rise to iman coose (a), stating underlying course	the DUE TO	OR AS A CONSEQUE	NCE OF				3745	199	
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1 9 186	22s.1 certify 1551		the decembed from_	and ele-	19_		THE CO. LANS.		their	(I) (we

M.D. 734 BURIAL CREMATION, REMOVAL 735 DATE

Easton, MD 21601

ATTENDING

73L NAME OF CEMETERY OR CREMATORY

72x ADDRESS

234 LOCATION CITI DE TOWN Greensboro

MEDICAL STAFF

CA

THE DATE SIGNED

MD

DHMH - 16 60M 7/84 (VRA 15, 4)

GreensboroCemetery 7-20-85

10 11 1 2 m T+160 T EASTER TO PERSONAL HOSPITES Marie Committee of the Committee of the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DAY	YEA	R	26 HQL	JR
17	190	~	4	32
	15.	2		11
IF U	INDER 1 Y	EAR	IF UNDER	24 HRS

3 SEX Male

FOR

- STATE REGISTRAR 1 DECEASED NAME (TYPE OR PRINT)

White

200 1912

MIDDLE

BALTIMORE CITY OR COUNTY OF DEATH

TO BIRTHPLACE (STATE OF FOREIGN Marvland

Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

126. KIND OF BUSINESS OR Caroline Pou.

Charles

ACILITY, GIVE STREET ADDRESS)

15 MOTHER'S MAIDEN NAME

4 FATHER'S NAME

Caroline

Lord 16b SOCIAL SECURITY NO.

Anna 17 INFORMANT

Gross Md.

60/WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN)

Maryland

HEYES, GIVE WAR OR DATEST

213-03-0792

Mrs. Gladys Lord 608 Old Denton Road

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ Canditions, it ony, which gove rise to immediate

DUE TO, OR AS A CONSEQUENCE OF Atherose leroses

Stroke

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

cause (a), stoting the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

ON IFICATI CERT

MEDICAL

190 DATE OF OPERATION

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

280 AUTOPSY?

NO

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN COUNTY

YES [

28b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

and that (Our) opinion death accurred on the date and how and from the couses stated

220.1 certify that (1) (this hospital) attended the deceased from_ 226 SIGNATURE

DEGREE ATTENDING 22e. ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

T.W. Fauntleroy, MD

230 BURIAL, CREMATION, REMOVAL

ISPECIEVBuria I

NOT WHILE

Easton, MD 21601

DHMH - 16 60M 7/B4 (VRA 15. 4)

d b

24 FUNERAL DIRECTOR Miamson Funeral Home

311 5. MAIN 51

23 NAME OF CEMETERY OR CREMATORY HILLCREST

23d LOCATION Federalsburg Garoline

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE whia Davidson-Randalle

pode

STATE OF MARYLAND

WIDOWED X

DEPARI	CERTIFICATE OF DEATH	rGIENE 8	REG. NO.	2	1 0	40700	3
Bula	MALLONEE	2a. DATE OF	DEATH MONTH			26 HOUR	00
	5. DATE OF BIRTH	6. AGE (IN YE	ARS (ST BIRTHDA)	IF L	INDER I YEAR	IF UNDER 2	HRS.

White Female

76. CITIZEN OF WHAT COUNTRY?

Gladys

March

1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

1898 MARRIED NEVER MARRIED

DIVORCED

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR

Tennesee 10. CITY OR TOWN OF DEATH

70. BIRTHPLACE ISLATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION (TYPE OF WORK FOR MOST OF WORKING LIFE) Wife

Home

INDUSTRY

Wiseman

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Maryland

- STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

COUNTRY

3. SEX

136 COUNTY 13c CITY OR TOWN Talbot Easton

13d INSIDE CITY LIMITS? YES X NO [15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE The Dixon House. 108 N. Higgins Street, 21601

Ellender

Newton

(YES, NO OR UNKNOWN)

No

Manlev 160 WAS DECEASED EVER IN U.S. ARMED FORCES LIF YES GIVE WAR OR DATEST

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)

Mitchel] 166 SOCIAL SECURITY NO. 213-22-8049

LAST

Mar 17. INFORMANT Son

6 Chestnut Court, OgdenDunes Benjamin S. Mallonee, Jr., Portage, Ind. 46368

IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (o), stoting the

PART I. DEATH WAS CAUSED BY

mont, industatie enolpercinoma of

190 DATE OF OPERATION

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

underlying cause last

20a AUTOPSY? NO X

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CERTIFICATION 71n ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e PLACE OF INJURY

WHILE NOT WHILE

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

22e ADDRESS

CITY OR TOWN

COUNTY STATE

sow the deceased alive on obove, (1) (we) (did) (did not) 226. SIGNATURE

ATTENDING PHYSICIAN

MEDICAL

STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME

23a BURIAL, CREMATION, REMOVAL

22a.1 certify that (1) (this hospital) attended the deleased from

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

STATE

DHMH - 16 60M 7/B4

Burial

James H. Barton, Jr.

Lorraine Park Cemetery Baltimore 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE dia Davidson-Randage

(VRA 15, 4)

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should b

Classys and repeated 10alS destruction of the term of a larger ewice famile, find the last filesder Wilsonson in the chemical court, Updenhunce 213-22-24-5 Sm. crin c. Indicate, in. Portage, Ind. 46364 Language of the contract of the state of the second

(VRA 15. 4)

Appropriate Interesting

Total I comment of the second of the second

(VRA 15, 4)

AT. MICHAELS. | 114 CRACE ST. | CUSTOLINK SCHOOL STETEN

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NO 217-16-1493 JACK S. HESSICK ROYAL DAK, Md. 21662

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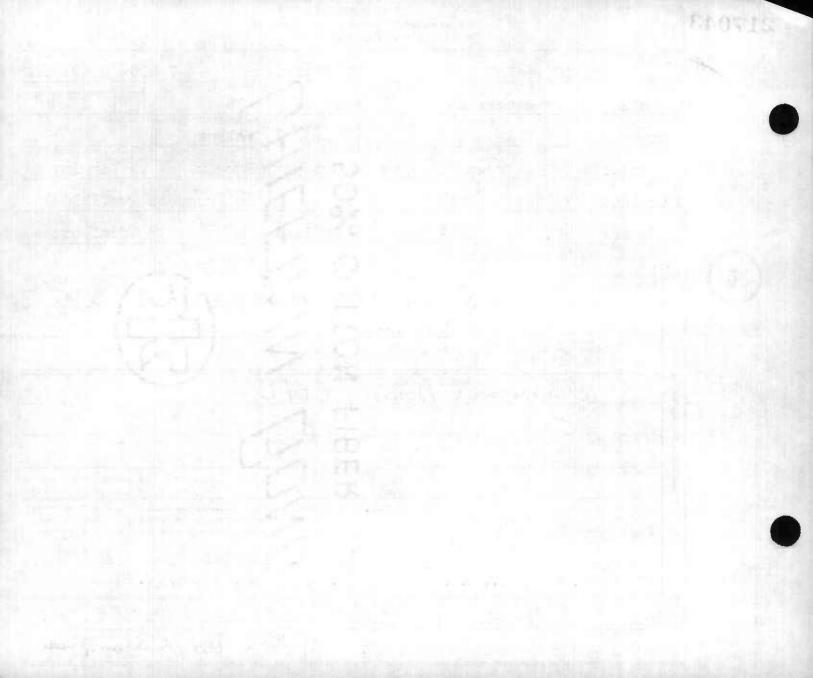
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A.B.D GWALLYRAN

JOSIAH TALBOT MESSICK ROMERTA WALKER

STATE OF MARYLAND

217043		FOR			DEB	STATMENT OF	E OF MARYL		IFAIF					
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0 ME 8		CEASED NAME	FIRST		WIDDLE		LAST	rat on	2ª DATE O	FDEATH M	ONTH D	O OF	2b. HOUR	
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nerol dire		RTHPLACE (STATEORIOUNTRY) ryland	FOREIGN	USA	WHAT COUN	MARRI WIDOW		MARRIED	9 BALTIMO	bot		OF DEATH	MD.	
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filled in nould be	13a S	L RESIDENCE (IF NURS TATE .ryland	136 COUN Tal	OTHER INSTITUTION TY OC	130 CITY OF East	NWOTS	YES X	CITY LIMITS?		ADDRESS / Z Prosp	ZIP CODE ect	Ave./	21601	
ompletely on 2 sh		THER'S NAME FIRST James	T.	AIDOLE		ikin	Li	's maiden na LTTian	WE	WIDDLE		Larri	more	
		AS DECEASED EVER ES NOOR UNKNOWN]		MED FORCES?		6-2072	Dorot		Mulli	ADDRES:		13e.		
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S PHYSICIAN. Itending phys r this certifico the buriol-troi and Mental Hy	CAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	HOUR A. P. 21e. PLACE	M, MONTH M, OF INJURY	DAY YEAR	211 LOCATI	ON	((10)	CITY OR TOWN		COUNTY	STATE	
Spirol or o Spirol or o CTOR After I for use os of Health		22a certify that (I) saw the decease above, (I) (we) (c	(this hospite	July 2	29.198	7 5 5 5		, 19_ <u>80</u>) (aur) apinion	, to	July ed on the date			that (I) (we) last	
TO HOSPITAL OR / retoined by the hor choined by the hor should be detached with the State Dept IMPORTANT: If hen		22b. SIGNATURE 22d. PHYSICIAN'S NO. William			sods M.D.	2	22e ADDRES	ATTENDING PHYSICIAN [SS 3. Box			-		1/85	
TO HOS retained TO FUN should to with the IMPORT	23a B	William H. Wood, Jr., M.D. Rt. 3, Box 106, EAston, Md. 21601 BURIAL CREMATION, REMOVAL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION												
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DHMH - 16 60M 7/84 (VRA 15, 4)	1	INERAL DIRECTOR NAME NAME TO THE TRANSPORT TO T	ınera	1 Home	e Eâ®	ston, M	d.	250. RO	GEGD. BY	1985	REGISTS	MAR'S SIGNAT	ure andere	



17h KIND OF BUSINESS OR

6 100

COUNTY

22c DATE SIGNED

STATE

21601

ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN MPORIANT 77e ADDRESS ld b P. CARNEY EASTON. MARYLAND 21601 230 BURIAL CREMATION, REMOVAL BURIAL HILL CEN. EASTON TALBOT 14. FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

W. PRESTON ST., BALTIMORE, DIVISION OF VITAL RECORDS, 201 SENE ROMESALO

TOGIAN X X CHANKAN

EASTON 114 WILLIS AVE. - PROOF REALER ORSE FURNISH.

SECA ELMIN DE CHERZUM.

____ 220-03-9685 LAREARA R. CULAINGS CASTOR, MA.

1

STREET TO CARRET M. J. DUTCHEANS TAKE HASTON, MARYLAND 21601

BURIAL JULY H. 1967 SERING WILL COM. MASTON TAIBUT Md.

Woodlawn Cem.

Easton, Talbot, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURANDERS.

P23/85

308 HIGH ST. CAM BRIDGE

DHMH - 16 60M 7/B4 {VRA 15, 4} 24 FUNERAL DIRECTOR

2170713 May must so I fear 1 11 11 6 6 4 Tod int Energy Members of Horografi inalization plant in protection 308 HICK ST, CAMBRIDGE FLD.

BALTIMORE,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

8	REG.	NO.	2	-	0	-	0
ATE OF	DEATH	MONTH	DAY		YEAR	2b. HO	رصور JR
	1	1			a do	6	0

	REGISTRAR					CEKITA	ICATE OF	DEATH	8 ROG. NO.				
В		CEASED NAME	RME		AIDDLE	6 D	AST	V	20. DATE OF	DEATH MONTH	DAY YEAR	26. HOUR 50	
	3. SEX			RACE	HARL	5. DATE C	OF BIRTH	USKY	6. AGE (INY	EARS MERTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS	
		emale		Cauca	sian	Oct	DAY	1901		83 YR	MONINS DAYS	HOURS MIN.	
11		RTHPLACE (STATE OR FO	OREIGN I	L CITIZEN OF	WHAT COUN	TRY? 8	D NEVE	MARRIED -	9 BALTIMO	RE CITY OR COUN	TY OF DEATH		
1		uba	1	U. S.	A.	WIDOWE	-	ONORCED	7	TAIDO	+	MD.	
70	₩ CI	TY OR TOWN OF DEA	TH	II. NAME OF	HOSPITAL, NU	JRSING HOME		STITUTION		OCCUPATION CFOR MOST OF WORKING		OF BUSINESS OR	
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10		AL RESIDENCE IN NURSI	IN COUN		13c. CITY OR	BEFORE ADMISSION)	134 INSIDE	CITY LIMITS?	13e STREET	ADDRESS / ZIP CO	ODE		
1	Me	aryland	Caro	line	Pres	ton	YES 🗌	NO 🔀	Hog	Creek R	oad 2	1655	
	H FA	THER'S NAME FIRST	N	NIDDLE	LAST		15. MOTHE	R'S MAIDEN NA/	WE	WIDDIE	LA:	SI	
1	/	Juan			Carr:	il	J	osefin	a		Cues		
1	160 W	VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORM	ANT		ADDRESS	3.3.1		
1	1	(ES NO OR UNKNOWN)	(# 165, 0176	WAN ON DATES	2130	18717	Mrs.	Vera	Worm,	Presto	n, MD 2	21655	
		18 CAUSE OF DEATH			line for (a), (b), and (.)	.1	1 -	7 14		APPROX BETWEEN	ONSET AND DEATH	
		PART I. DEATH W.		CAUSE (o)	Drige	stre	Hec	ut to	Calus	70			
		W. T. I. T. S. S.		DUE TO, OI	R AS A CONS.	EQUENCE OF .				. 0			
		Conditions, if ony,		((b)_	Htru	al Fit	210	Did V	entri	culai K	espono		
4.		gove rise to imm couse (a), stating	g the	DUE TO, OF	R AS ACONS	EQUENCE OF							
		underlying cause	lost.	(c)_	450	EDIENCS OF							
	7	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEAS	OR CONDITION	GIVEN IN PART 1	(a)	
_	T O	(I) (R) Lex	brai	vascu	May +	tccio	lent	(2)	Diaper	es Me	·11,tus	
1	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WI	HICH OPÉRATIO	N WAS PERF	ORMED	200 AUTO		YES, WERE FIND I		
_	RT						To a second		YES 🗌	NO	YES [NO 🗆	
7		210 ACCIDENT WAS UND		HOUR A.		DAY YEAR	21¢ HOW	INJURY OCCURE	ED (ENTER NA	TURE OF INJURY IN ITEM	IB PART I OR PART 2)		
1	Z	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P./		19							
	MEDICAL	21d. INJURY OCCURR		21e PLACE (FICE FARM ETC)	211 LOCAT			CITY OR TOWN	COUNTY	STATE	
		AT WORK AT WOR	K L			Like head							
		22a.1 certify that (I)		ol) ottended the	e deceosed fr			19	, to			that (I) (we) lost	
		sow the decease above. Universid	d olive on a	view the body	ofter death.	7 1 1 1 1 1		y) (our) opinion o	deoth occurre	d on the date and h	nour and from the	couses stated	
		226. SIGNATURE		11.0	11	. 1	DEGREE	ATTENDING 1	MEDICAL	STAFF	22c DATE	SIGNED	
_				+00	PKE	10	שעו	PHYSICIAN A	DIRECTOR	PHYSICIAN [111	1182	
/		A CALL	ME (TYPE OR	EBB	MD		22e ADDRI	Dute	hma	ns lan	e Eas	iton Mi	
/_		MIVIV	TVV				100	· will				1	
		URIAL, CREMATION, E	REMOVAL	23b DATE		23c NAME OF C				OR TOWN	COUNTY	STATE	
		Burial		7/20)/85	Junion	c Ord	er Cem	eterv	Presto	n Carol	ine MD	

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

ottending physicio

MPORTANT If Item 21 is morked or Item 18 shows any injury, or other troumotic

here 12 Store US

Junior Order Cemetery Preston Caroline MD

Termination of the state of the

H - I - To Joseph Armed V I - 115 W 6)

Marine Day of the property of the control of the co

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND

ı	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2						0 2 0	
	1. DECEASED NAME (TYPE OR PRINT) CHARL	es i	MATHAN PIN	DER	20. DATE OF DEATH	7-19-85	5 500 PM	
1	4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS	
1	Male Caucas		sian March 13. 19		85 YRS		DATS HOURS MIN.	
d			WHAT COUNTRY !	IED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF		DEATH	
J	Maryland U. S. A.			A. WIDOWED DIVORCED		TALBOT		
d	ME CITY OF TOWN OF DEATH		HOSPITAL, NURSING HOME		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		126 KIND OF BUSINESS OR INDUSTRY	
2	EASTON	MEMORIAL		OSPITAL	Steel Worker Steel			
	TOUAL RESIDENCE IN HURS PER HOME OR	TY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		21629	
	Maryland Caro	oline	Denton	YES NO X	Fleetwoo	d noad	21029	
1	FIRST	Pinder		FIRST			ester	
4		0 1 0 1 0 1		FINET FIOTOTIC		SS	POPL	
1		WAR OR DATES)	373038315	Mr. Carlto	n Pinder,	Denton,	MD	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Outer lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						INDINGS USED	
	TO COURT OF STATE OF							
	OKCONINIBUTING CAUSE OF DEA (IF EITHER NOTEY MEDICAL EXAMINER) 21d INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUN	TY STATE	
	22a certify that (1) (this hospital) attended the deceased from						n the causes stated	
	77% S SNATURE			DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DETRECTOR PHYSICIAN			DATE SIGNED	
	James C. Gieske, M.D. Easton, MD 21601							
236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION								
							oline MD	
	21 FUNERAL DIRECTOR	211		25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIC	SNATURE	

BP.

TO FUNERAL DIFECTOR should be determed for with the State Dept. of HealtMPORTANT: I tem 2

CHILDREN MARKET COLUMN

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Signaturior biompia

James C. Clesko, M.O. Buston, 13 21601

1-	FOR STATE REGISTRAR									CATE O			REG !	NO.	- 3	2	
	E OR PRINT)		Carlto	on	A	S.		P	ratt		7	OF	KNOWN ESTI-			YEAR 1985	26 HO
3. SEX	le	4 RACE Whit	100	S. DATE OF	BIRTH DAY 29		6. AGE (IN YE LAST BIRTHE 78 Y		HS DAYS	IF UNDER		RONOL DEA	INCED	MONTH	-19	YEAR	2d но 8:2 р.
De	RTHPLACE (S' REIGN COUNTRY) laware			7b. CITIZEN	US A		TRY?	8 MARR WIDOW		EVER MARRI	ED 🗌	Talk	more city	unty			,
	ry or town Easton			Men	moria	ITY, GIVE STI	SING HOM REET ADDRESS) Spita	1	IER INSTIT	UTION		OST OF WO	JPATION (T DRKING LIFE)	YPE OF WOR	OF	ND OF BUS R INDUSTR tory	
Ma Ma	ryland	1		1	ITION, GIVE F	13c. CITY	OR TOWN		YES X		13e STRE					21641	
	Howar	d	NII C A BAA	MIDDLE		Pra	ast att	TV NO		FIRST MAIDE Corde			ADDRE	cc		vins	
no	S, NO, OR UNKNO		IF YES, GIVE W				-14-70			ry Pr	2++		ADDRE	22			
	Condition gave ri couse (o)	ns, if one se to in) stating the	S CAUSED IMMEDIATE by, which mmediate	BY: CAUSE (o) DUE 1	Mu 10, OR AS	r(a), (b), Iltip SACONS		jurie OF			att		Hills	boro,	A	PPROXIMATE WEEN ONSET	
NOI	Condition gave ri couse (o lying cou	ns, if one se to in) stating if use last.	S C AUSED MMEDIATE y, which mmediate he under-	BY: CAUSE (o) (b) DUE 1 (c) ONIRIBUTING TO	MU TO, OR AS TO, OR AS	r (a), (b), 11tip 5 A CONS	ond (c).) ole In SEQUENCE SEQUENCE	jurie OF OF	es E or conditi	ON GIVEN IN PA			Hills	boro	A BETV	PPROXIMATE WEEN ONSET	
RTIFICATION	Condition gave ri couse (o) lying cou	ns, if one se to in stating the set of in stating the set of set	S C AUSED MMEDIATE y, which mmediate he under- CONDITIONS CO	BY: CAUSE (o) DUE 1 (b) DUE 1 (c) ONIRIBUTING TO	MU TO, OR AS TO, OR AS TO DEATH BUT	r (a), (b), Iltip 5 A CONS NOT RELAT	ond (c).) DIE IN SEQUENCE SEQUENCE	jurie Of Of Minal Diseas	E OR CONDITI	ON GIVEN IN PA	RT 1 to.				A BETY	PPROXIMATE	
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	PART I DE Condition gave ri couse (o) lying cous PART 2 DIHER SI 19a DATE OF 71a. EXTERNA UNDERLYING CONTRIBUTI 71d INJURY C WHILE AT WORK	ons, if one se to in other sections. OPERATION OF CAUSE S S OF OF CAUSE S OF OF CAUSE S OF OF CAUSE S OF	S CAUSED IMMEDIATE I	BY: CAUSE (o) DUE 1 (b) DUE 1 (c) DNIRIBUTING TO 19b C 21b. T HOU 21e. P STR at	MU TO, OR AS TO, OR	NOT RELATION FOR V	DAY YEALON (C) YEALON	jurie OF OF MINAL DISEAS RATION W R 216 HG S aut 711 LO	E OR CONDITION (AS PERFO OW INJUR CO bac CATION STREET IN St. ST. Hom TITLE	on given in pa RMED? YOCCURRE Cked i	D (ENTERN.) nto s illsk Undete	city or t	NJURY IN ITEM POCT Who OWN Talbo	sile lin I	PART 2) Part 2)	AUTOPSY? YESXX	NO [
MEDICAL	PART I DE Condition gave ri couse (o) lying cous PART 2 OTHER 51 19a DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 71d INJURY C WHILE AT WORK 22a. I certi death result.	ALCAUSE OPERATI ALCAUSE OPERATI ALCAUSE OCCURRE OCC	S CAUSED IMMEDIATE IVM, which IMMEDIATE IVM, which IMMEDIATE IVM, which IMMEDIATE IVM, which	BY: CAUSE (o) DUE 1 (b) DUE 1 (c) ONIRIBUTING TI 19b C 21b T HOL ATH 7: At at of the remodicauses	O DEATH BUT O DEATH BUT O DEATH BUT O DEATH BUT IME OF IN JR AGAIN PLACE OF BEET, FACTOR home Jana descri A	NOT RELATED TO FOR V	DAY YEALON (C) YEALON	jurie OF OF MINAL DISEAS RATION W R 711c HO 711c LO Mai Autop uicide M.D.	E OR COMDITION (AS PERFO OW INJUR (O bace CATION STREE) In Sti Sy X. Hom TITLE ADDRESS.	on GIVEN IN PARMED? Y OCCURRE Cked i Ceet, H Inspection icide [], ISPECIFY) Istant 1111	D (ENTERN. D (ENTERN. TO S illsh Undete	city on to OOTO Inquire remined in	HJURY IN ITEM OWN Talbo Tononner MINER	is PARTION ile in I ot Co ond in my DAT SIG	PART 2) PART 2) Me Waa awn County unty opinion ENED_7-	AUTOPSY? YESXX as si Chair , Mar	NO [ttirylar

DIVISION OF VITAL RECORDS.

- 14 VSVG/#907 The state of the s per (f. de per et al. com a la come de la co Cardio-respiratory arrest Tericordial and Fleural effusiones Metastatic adendearcinome, lunc ...

Scott D. Friedman, S.D. 403 Maryel Ct. Easton, No. 21601

- STATE

REGISTRAR

218143

21632 13e STREET ADDRESS / ZIP CODE Rd. Fed., Md. McConnell Jack Christopher Reliance Rd. Fed APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20k. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATHY THE HOW INJURY OCCURRED. (INTER NATURE OF PLANT IN TERM IS CHART I DRIPHRED) COUNTY STATE and that in (my) out | opinion death occurred an the date and how and from the course stated Federalsburg Caroline Md. Fed., Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE RALDIRECTOR Funeral DHMH - 16 60M 7/84 S. Main (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER I YEAR

COUNTY

The same of the sa

Land Indiana management of the state of the

PRESTON ST

DIVISION OF VITAL RECORDS.

FOR - STATE

2. SEX

Male

REGISTRAR 1. DECEASED NAME TYPE OR PRINT

BIRTHPLACE (STATE OR FOREIGN

Maryland

STATE OF MARYLAND

5. DATE C MONTH

MARRIEI

WIDOWE

		-					
EF	ARTMEN	IT O	FH	EALTH	AND	MENTAL	HYGIEN
	(ER	IF	CATE	OF	DEATH	

EALTH AND MENTAL HTG	IENE	
ICATE OF DEATH	8 05. NO. 2	1024
AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 36
amp mayer	7-27	85 8 pm
F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 JARS
10 °03	82 YRS	MONTHS DAYS HOURS MIN.
NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
D DIVORCED	Talpot	MD.
ROTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Hospital	laborer	canning factor

13e.STREET ADDRESS / ZIP CODE

MIDDLE

407 Central Avenue

ADDRESS

laryland	Caroline	Ridgely
Charles	WIDDLE	Rampmeyer

LIE YES GIVE WAR OR DATES

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.

White

76 CITIZEN OF WHAT COUNTRY?

USA

11. NAME OF HOSPITAL, NURSING HOME C

NO [15. MOTHER'S MAIDEN NAME Mary

134 INSIDE CITY LIMITS?

17 INFORMANT

Knupp

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21660

ves	4-19-26-27	214-03-6108	Edna Rampmeyer	Ridgely, MD
18. CAUSE OF DE PART I. DE ATH	ATH (Enter only one cause pe I WAS CAUSED BY: IMMEDIATE CAUSE (a)	· 0.	Arest	APP BETWE
Conditions, if o gave rise to cause (o), sto	immediate (b)	OR AS A CONSEQUENCE OF	SCVD	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)				
214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY {ATHOME_STREET, FACTORY, OFFICE, FARM_ETC.}	21f LOCATION STREET	CITY OR TOV	VN COUNTY	STATE	
220 I certify that (I) (this haspital) saw the deceased alive an	bittended the deceased from VOA an	d that in (my) our apinian	death accurred on the do	te and have and from the	, that (howe)	

	220.1 certify that (1) (his haspital) attended the deceosed fram.
	saw the deceased glive an obove, (I) (we wild wild did not view the bady after death.
ı	obove. (1) (we) did) did not view the body after death

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

22d.	LINE:	NAME	OR DATE ()	-	6
1)	ct	vid	5-	>m	e T

23b. DATE

22e. ADDRES

BP		
D		

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial -30 - 85

226. SIGNAT

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR GREMATORY Ridgely Cemetery

DEGREE

Ridgely

CA

MD

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Michael Longray

O HOSPITAL OX ATENDING PHYSICIAN. The law requires that the death certificate be executed within 24 and after only. Fage 4 may be etioned by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in the funeral nector, page 3. To Funeral pressure the currical pressure of the places remove corbanapsers, Pages Cond. 2 Joint Marie of the death.	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	3
NERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely fill the title certain page 3 be detached for use as the burial-transit permit. Then please remove carban appears. Pages, Page 1, build be the burial-transit permit. Then please remove carban appears. Pages, Page 1, build be the burial-transit permit.	IO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to etoned by the haspital at attending physician.	be executed within 24 our after foth, roge 4 may be
	NERAL DIRECTOR, After this certificate has been signed by the attending physicia be detached for use as the burial-transit permit. Then please remove carbon papers	an and complete if it is the firmed mectar, page 3.

ar ather traumatic event, the medical

MPORTANT: If them 21 is morked or Item 18 stews ony

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3	REG.	NO.	()	1	Q	2	2
OF	DEATH	MONTH		DAY	VEAD	01 1101	10

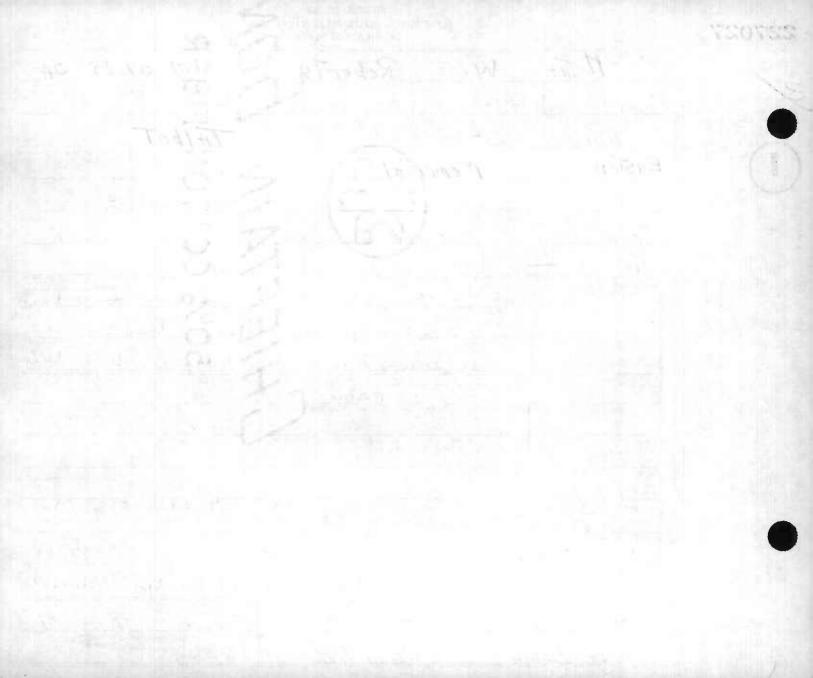
1		REGISTRAR		CERTI	ICAIL OF DEATH	REG. NO.	1 2
		OR PRINT)	MIDDLE	R	aberts	20 DATE OF DEATH MONTH D	2-85 24 HOUR
ł	3. SEX	() (4.1	RACE	5 DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER 1 YEAR IF UNDER 24 HRS
	J	Emale.	BIK	0.3		74 YRS.	ONTHS DAYS HOURS MIN.
4			CITIZEN OF WHAT COUNTE	RY? 8	M AUTHER WARRIED TO	9 BALTIMORE CITY OR COUNTY	OF DEATH
)	11	OUNTRY) Md	USA	WIDOWI		TAIbOT	MD.
d	-		. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACULTY, GIVE STE		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
		Easion	Memo	real		Domestic	
1	13a. S	TATE 136 COUNTY			13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 305 SOUT!	5+21601
ı	14 FA	THER'S NAME FIRST MID!	DLE 1. LASI		15. MOTHER'S MAIDEN NA	WE	LAST
A		John	Woolfe	ord	Carrie		Wilson
1		AS DECEASED EVER IN U.S. ARME		ECURITY NO.	17 INFORMANT	ADDRESS	
	(1	NO CITATION OF THE STATE OF THE	Inter-		Hanna &	Brown	
۱		18 CAUSE OF DEATH (Enter only o	one couse per line for (a), (b)	ond ich			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSED B	(Conq	estive Res	nt Railure	Uncertain
			DUE TO, OR AS A CONSEC	OLIENCE OF			
ı		Conditions, if any, which		ute n	mocardi	al infanction	N 7-12-85
1		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE		0	V	
ı		underlying couse lost.		riose	Derotic R	eart disease	Uncertain
I	_	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART 10
	ě			Υ	lone		
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFY YES NOW YES	WERE FINDINGS USED ING CAUSES OF DEATH?
1	GE	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
		OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]	HOUR A.M. MONTH	DAY YEAR			
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION		
1	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY OFFI	CE, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
1		22a certify that (1) (this hospital)		m_12-	22 19 16	10 7-27	9 8 tho (i) we) lost
		sow the deseased alive on obove, (I) (we idid) (did not) vi	7-22	85.0	nd that in (my (our) opinion	death accurred on the date and hour	and from the couses stated
1		226. SIGNATURE	ew the body offer death.		DEGREE		22c. DATE SIGNED
1		Robert W.	Trever.	M.D	ATTENDING PHYSICIAN	MEDICAL STAFF	7-30-85
1		224 PHYSICIAN'S NAME (TYPE OR PR	INT)		22e ADDRESS		
					RD3 Bo	+297 Easton	Md. 21601
			DATE / 2	30 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
		RIVE CIL	8/1/85		relise.	Trapae)	COUNTY SUTE
	24 FU	NERAL DIRECTOR	0.10	0	25a. DAT	E REC'D. BY REGISTRAR 25 PREGISTAR	AR'S SIGNATORE
	(61)	Homes Hum	ADDRES ADDRES	Pent	m Mld Al	16 1 3 1985 June 4	migran-Mark

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

250. DATE REC'D BY REGISTRAR 25 DREGISTRAR'S SIGNATURE AUG 1 3 1985 June January 1885



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH 210101 REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR Shirley Delores TYPE OF PRINTS IETHNOED TYEAR IF LINDER 21 MR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1 SEX MONTH October 22, 1931 White 9 BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY A BIRTHPLACE I STATE OFFICE ON MARRIED X NEVER MARRIED New Jersey DIVORCED [126 KIND OF BUSINESS OR Hospital INDUSTRY Wife Home R.D. 1, Box 248 A1 TSL COUNTY 13d INSIDE CITY LIMITS? 21658 QueenAnne's Queenstown 15 MOTHER'S MAIDEN NAME Isaiah Hatch Catherine Anna May Bock Morgan ADDRES R.D. 1. Box 248 A1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Husband Robert L. Santo, Queenstown, Maryland 21658 138-24-9720 No 18 CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c) PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 10s. AUTOPSYT 786 IF YES, WERE FINDINGS USED IS DATE OF OPERATION IN CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOIS YES [NO IT 21a: ACCIDENT WAS UNDERLYING. [THE HOW INJURY OCCURRED. TOWER SAZURE OF PORRY IN FIDE TREPRET LORPHIED TO 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DECONTRIBUTING TO CAUSE OF DEATH OF STORE NOTEY MEDICAL EXAMINES. 10 TH LOCATION TIA PLACE OF INJURY 214 INJURY OCCURRED CITY OF TOWN AT HOME STREET, FACTORS, OFFICE PARK STC.) 27s.1 certify that (I) (this baspital) attended the degrosed from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated (did) (did not) view, the body after doot 17c DATE SIGNE ORECTOR [PHYSICIAN [PHYSICIAN PHY ICIAN'S NAME (TYPE OR PRINT) Easton, Md. 21601 Lawrence D. Bohan, M.D. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY July 18,1989 St. Peter's Cemetery Queenstown, Q.A.Co., 24 FUNERAL DIRECTOR Barton Funeral Home DHMH - 16 50M 4/83 James H. Barton, Jr., Centreville, Md. 21617 (VRA 15, 4)

MELTE COOKE 22, 1931

Torrail and northern (acherine him hay

(22-24-7220 block Lights, Geomotown, Mary Land 216-58

Tarton Tomaral Lore

ocels . is ser not , in the

Lawrence I. Forsul 7. L.

Serve H. Usting, Mr., Contraville, No. 21913

X To a mandamental a sumamontal burgarant

7-30-85

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

Newnam Funeral Home

(SPECIFY)

Burial

24 FUNERAL DIRECTOR

Easton, Md.

Spring Hill

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Sidia Davidson

CITY OR TOWN

Easton

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

26 HOUR

0

IF UNDER 24 HRS

126 KIND OF BUSINESS OR

Plumbing

85

IF UNDER I YEAR

INDUSTRY

Murray

YES [

COUNTY

Talbot

22c DATE SIGNED

Swan Haven

BETWEEN ONSET AND DEATH

NO [

STATE

STATE

214133

FOR - STATE REGISTRAR

23a. BURIAL.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 REG.	0.
E DEATH	MONTH

12b. KIND OF BUSINESS OR

Fig. that (1) (we) lost

		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOU
1 6	(I YPE	ORPRINT) Hole	n G.	Deeba	7.	23-85 4.
10	1.5E	emale.	Caw	5. DATE OF BIRTH ONONTH OPA 19 21	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS
10 × 100	Ja Bi	RTHPLACE (BUTSONORION	76 CITIZEN OF WHAT COUNTR		O BALTIMORE CITY O	PR COUNTY OF DEATH
1	1	Veu-york	USA	WIDOWED DIVORCED	101	bot
	AB C	E STON	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION RET AD (RESS)	120 USUAL OCCUPAT	
24 hamilled in	ysu.	AL RESIDENCE (IF NURSING HOME OF	VIIY OF THE CITY OF TO	ORE ADMISSION)	13e STREET ADDRESS	/ ZIP CODE 2 1 6 1
tote be executed within 24 has ysician and completely filled apers. Pages 1 and 2 should be vol.	14 FA	ATHER'S NAME FIRST	AIDDLE Stollen	15 MOTHER'S MAIDEN N	IAME L	namana
n and can Pages Medicole			MED FORCES? POUSOCIAL SE	CURITY NO. 17 INFORMANT	r. Seela	Bosman V
physicial noapers. movel.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), ED BY: TE CAUSE (o)		0	APPROXIMATE INTE
es that the death a ned by the attendin please remove corb urial, cremation, or c, or other traumatic		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING T		PANINAL DISEASE OF CON	IDITION CIVEN IN DART)
been sign mit. Then prior to bu	CERTIFICATION	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED	200 AUTOPSY?	1206. IF YES, WERE FINDINGS USE
he lo on. has t per	RTIFIC				YES NO	IN CERTIFYING CAUSES OF DEAT
SICIAN T ng physici certificate certificate intol-transi entol Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER MATURE OF INJU	JRY IN (TEM TS PART ORPART 2)
G PHYSIC attending ter this cert is she burial is and Menticked or then	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TO	YTAUO) NWC
TENDING PHYSICIAN The low required or attending physician. TOR: After this certificate has been sign or use as the burial-transit permit. They sit Health and Mental Hygiene prior to be a sign or the ham I 8 shows any injur		220.1 certify that (1) (this hosp	ital) attended the deceased from		, 10	ate and hour and from the couses sta
the hosp it DIRECT ID DIRECT the Dept o		22b SIGNATURE	nt) view the body ofter death.	DEGREE ATTENDING	MEDICAL STA	FF 7/24/C
HOSPITA by LE Stort And be de		220. PHYSICIAN'S NAME (LYPE S	P. CARNEY	22e ADDRESS	an's Land	Enter MA
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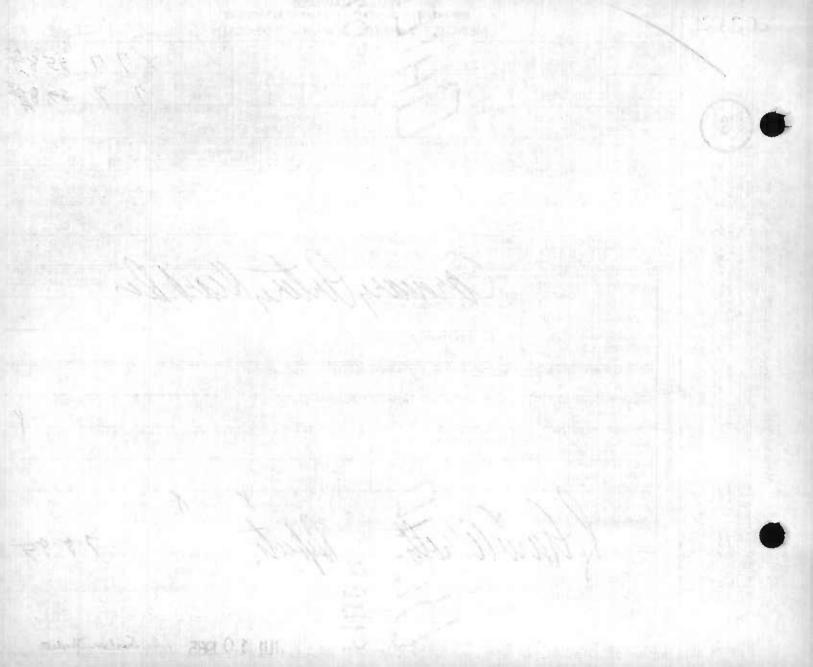
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(VRA 15, 4)

DHMH - 16 60M 7/84

214133 Section 18

1	-				OF MARYLAND	UVCIENE		
1	FOR				R'S CERTIFICATE	da	2	0 2
1	REGISTRAR	WE FIRST	7712.	WIDDLE	LAST	2a DATE KI	REG. NO.	DAY YEAR 26. H
	HE GRIPHINI)		HARD N	ESBITT	SHAW	OF	AATED 7	7 10858
3.58	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE	MONTH	DAY YEAR 2d.
m	ale	caucasia	n 7 10	14 70 YRS	MONTHS DAYS HOURS	MIN PRONOUNC DEAD	7	7 1985 8
	HRTHPLACE I		76. CITIZEN OF WH	HAT COUNTRY?	MARRIED NEVER MARI	RIED . 9. BALTIMO	RE CITY OR COUNT	TY OF DEATH
Ma		settes	USA			CED 🗆 Tall		
175	ITY OF TOWN	California .	(IF NOT IN SUCH FA	PITAL, NURSING HOME, (CILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKIN	NG LIFE)	0R INDUSTRY
	aston		Canter	bury Road,	Easton, Md.	Vice-Pres	of Sales	Pharmaceu
13a. S	STATE	136 COUN	VTY _	Hilton Hea	13d. INSIDE CITY LIMITS?		d Dark Rd	120028
-	th Car		aufort	THEILOH Hea	IS MOTHER'S MAIL	EN NAME		1. / 29920
1	Adria		Vere	Shaw	Helen	Mari	ie	Halter
160		ED EVER IN U.S. AR		166 SOCIAL SECURITY				ort Ave.
	ES		II	004-16-516	8 Stephen	Shaw	Keene	N.H. 0343
NON	PART 2 DTHER				L DISEASE DR CONDITION GIVEN IN P	'ART 1 (o).		
CERTIFICATION	19a. DATE C	OF OPERATION	19b. CONDI	TION FOR WHICH OPERA	ION WAS PERFORMED?			20. AUTOPSY?
18		VAL CAUSE WAS	21b. TIME OF	FINJURY	21c. HOW INJURY OCCURR	ED LENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PA	ART 2]
MEDICAL	CONTRIBUT	IG OR TING CAUSE OF	DEATH P.M	. 19				137 1
MED	WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	v co	UNTY 5
	PRESE	//	A) the remains des	cribed above, held an	Autapsy , Inspecti	an A. Inquiry	1, and in my a	oinian
	death resu	1///	Couses V.	Accident Suici		Indetermined man		p1171011
	ACTUAL SIGNATURE	1.4	will	holls	Nifin	MEDICAL EXAMIN	DATE NER SIGNE	7-8-85
4	EXAMINER'	SNA RINT)	Lane Wro		ADDRESS	7		
((SPECIFY)	ATION, REMOVAL	7-8-85		crematory Crematory	23d. LOCATION CITY OR TOWN	COU	
	cemati	OTI	/- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	HIPIMATTI	TAMOTONI	Lewes	511000	x Del.
	FUNERAL DIRI		, 0 03	DCIMALVE	-	REC'D. BY REGISTRAR	Susse	



STATE OF MARYLAND

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-	REG. NO.	

STATE

ARTMENT OF HEALTH AND MENTAL HYGIENE	20%	g x10
CERTIFICATE OF DEATH	8	REG. NO

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	0000
100	Jery1	Jervis	auchamp 50	indler Spindle	20. DATE OF DEATH MONTH DAY	85 2: 15 M
	Male Male	4 RACE	te 5. DATE O	28-16	6 AGE (IN YEARS LAST BIRTHDAY) IF UND	DER LYEAR IF UNDER 24 HRS DAYS HOURS MIN.
1	Maryland	/	J.S.A. WIDOWE		BALTIMORE CITY OF COUNTY OF D	MD
1	Easton	MEMOY.	HOSPITAL, NURSING HOME OF HEACHUTY, GIVE STREET ADDRESS!	at Easton	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INI Property manager	
2	13a. STATE		GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Stevensville	136 INSIDE CITY LIMITS? YES K NO	136.STREET ADDRESS / ZIP CODE 141 Beach Road	21666
	George Spindl	er, Jr.	LAST	15. MOTHER'S MAIDEN NAME FIRST Evelyn	ME Beauchamp	LAST
2	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 212-10-4182	17 INFORMANT Edith B. Spi	ndler same as	above
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	IATE CAUSE (0)	Acute ne	crotizen	meumonity	drys years

Conditions, if ony, which	DUE TO, OR AS A CONSECUTION	necrotizing	meumonity	deep
gove rise to immediate couse (a), stating the underlying couse last	DUE TO OR AS A CONSEQUEN	Crai 10 11	emplusana	years

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

22a I certify that (1) (this hospital) attended the deceased from nd that in (my) (aur) apinian death accurred on the date and hauf and from the causes stated

ATTENDING

22e ADDRESS

236 DATE 23a BURIAL. (SPECIFY MACNABB Cremation

24 FUNERAL DIRECTOR

Tom Helfenbein Funeral Home, Chester, MD 21619

REGISTRAR 256. REGISTRAR'S SIGNATURE

DIRECTOR | PHYSICIA

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

should be detached to with the State Dept of

MPORTANT:

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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and Mental Hygiene

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(VRA 15, 4)

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STATE OF MARYLAND

8	REG.	NO.	2		0	3	0
TE OF	DEATH	MONTH	DAY	YEAR	2	b HOUR	-

COOFOR			STATE OF MARYLAND
203527	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
-/		STATE REGISTRAR	CERTIFICATE OF DEATH 8 REG. NO. 2 1 0 5 2
	Î DE	CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR
) " w=		OR PRINT)	4
noy be		Chillel	LE E Mulaus /- / TOS FOM
E D	3. SE	4.1	RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24-185
ctor s of	1	- 3 min 6	R/W 11 2 212 110
Pog and position of the positi	7a BI	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8 BALTIMORE CITY OR COUNTY OF DEATH
라 or		OUNTRY)	MARRIED NEVER MARRIED
deo deo		/3-	115-H WIDOWED DIVORCED MD.
in the fer	The	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. KIND OF BUSINESS OR 11 YPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY
S of	2	astou	Memakrat Domestic
o e e	USU	L RESIDENCE (IF NURSING HOME OR OTH	ER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
Pled de	130.5	TATE 136 COUNTY	13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE
Short and the sh	14 5 4	THER'S NAME	1607 Easton YES IN NO 1 Taylor AUD
d 2 d 2	7 7	FIRST, MIDI	DIE 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
B & 80 C		W:/KE	Harmon Willie mae Simmon
es de		AS DECEASED EVER IN U.S. ARMEI	D FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
ned go x	(ES NO OR UNKNOWN) (IF YES, GIVE W	(R OR DATES)
1 1 1		//6	PROTEINATE INTERVAL
		PART I. DEATH WAS CAUSED B	PROXIMATE INTERVAL VEEN ONSEL AD DEATH VEEN ONSEL AD DEATH
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by the		underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF
or of or			(c)
الله الله	z	PART 2 OTHER SIGNIFICANT CON	ADITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
	은		
prio y	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ho ho	H		YES NO YES NO O
N. The read of the	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR
HYSICIA ding ph is certifi buriol-ti Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19 21e PLACE OF INJURY 211 LOCATION
PHY tendi	ME		LIA HOME STREET, FACTORY, OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY STATE
of the off		AT WORK	±0 = 10
S B S B S B S B S B S B S B S B S B S B		220.1 certify that (1) (this hospital)	
TTE Prio Prio 1701 for of H		sow the deceased plive on above, (1) (we) (did) (did not) vi	19 8 . ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated
REC REC		22b. SIGNATURE	DEGREE 121 DATE SIGNED
toch toch		IVE. VIX	ATTENDING MEDICAL STAFF
HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL		22d PHYSICIAN'S NAME (PE OR PRI	
HOSPITA Torned by D FUNERA Tornel be de	110	TO COMMENT OF THE COMMENT	Todos MD 503 Dutchman c Lone, Easter, Md 21601
0 0 0 - 1		r. Gredd K	10462 11 1 300 Outellanon 1, route, caspor 11451901
Of part of the state of the sta	23a B	URIAL, EREMATION, REMOVAL	11 DATE 236 NAME OF SEMETERY OF CREMATORY 23d LOCATION
BP	. "	1	That's Botholohers Risets Con my
	24 FL	NERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84		Mingon Har do	ADDRESS & A MI

DHMH - 16 60M 7/84 (VRA 15, 4)

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70.27 Standard Leading of Market tyvyland public set up buslyvyl The state of the s manus yedetu = 181509 MBB III.s Like the control of t Breast, Cancer Stephen P. Carney, M.D. Haston, 'D 21601

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5. DATE OF BIRTH

March

CERTIFICATE OF DEATH

13.1931

20. DATE OF DEATH

AGE (IN YEARS LAST BIRTHDAY)

MONTH

IF UNDER LYFAR DAYS

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VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	 The low requires that the dost certificate be executed within 24 hours after death. Page 4 milystican. 	cate has been served by the alumiding phy con and completely filled in by the funeral director, is and perms. Then please errors is appealed by Chapter I and 2 should be filled within 72 hours after hypere prior to buried commission or removal.
ME.	Pr 7	4 5 5
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1	Virginia O CITY OR JOWN OF DEATH	1. NAME OF HOSPITAL, NURSING (IF M SUCH FACILITY, GIVE STREET A)	DRESS) HOSP	DIVORCED .	120 USUAL OCCUPATION PRODUCTION	IDON 12b. DE WORKING LIFE IND	KIND OF BUSINESS
	Maryland Caro.	line Federal	sburgesx	DE CITY LIMITS? NO HER'S MAIDEN NAM		erty Ro	ad 2163
a	Ernest	Mozingo	11/11/1	Jarmie	WIDDLE	Chr	istion
2 16	60 WAS DECEASED EVER IN U.S. ARM U.S. NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL SECUR 2253475		RMANT	Walls, F		burg, Md
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one cause per line far (a), (b), and BY. CAUSE (a)	ancer	ANCER.	1/12		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)			G		
4	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DI					
1	THE DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS P	EKPOKMED	200 AUTOPSY?	IN CERTIFYING	E FINDINGS USED CAUSES OF DEATH? NO [
7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	Y YEAR 19	W INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)
100	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FAI	RM. ETC)	ATION	CITY OR TO	wn co	UNTY STATE
	220 1 certify that (1) (this haspital saw the deceased alive an abave, (1) (1) with (did nat)	7 - 27 19 8	, and that in	(my) (aur) apinian de	to, to	ate and haur and t	, that (I) (we) I ram the causes stated
	22b. SIGNATURE	to Camps	DEGREE		MEDICAL STAI		7/29/F
	Stephen P.	IDM T	22e ADI	Easton, I	MD 21601		
L	Burial SPECIFY) Burial	23b. DATE 23t NA 7/30/85 Md :	We of CEMETERY Veteran Eastern	or CREMATORY E Cem. Shore	23d LOCATION CITY OR TOWN Beulah	Dorch	

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DHMH - 16 60M 7/84 (VRA 15, 4)

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Staphon P. Carney, M.D. Raston, MD 21661

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DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	2	1	0	3	74
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	REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.	2 1 0 0 0
1	DECEASED NAME FIRST	WIOOFE	LAST	12	O DATE OF DEATH MONTH	OAY YEAR 2b. HOUR 3
5]	PIYPE OR PRINT!	C YOSEPH /	1/0/2020		7- 3.	- 85 3 50
21	3 SEX	1 RACE	S. DATE OF BIRTH	6	AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR # UNDER SAIL
	male	caucasian	7 DAY	06	78 yrs	HONING CARS HOURS WAR
2		TE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	9	BALTIMORE CITY OR COUN	
1	Maryland	USA		IVORCED T	Tagopart	MD
7		11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER IN	TITUTION I	20 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
8	Easton.	(IF) OT IN SUCH FACILITY, GIVE STREET A	ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING	Building
9	USUAL RESIDENCE (IF NURSING HOME OR C					
21	Maryland Talb			CITY LIMITS?	Rt.6 Box 38	
	14 FATHER'S NAME	JOL Easton		S MAIDEN NAME		2/21001
2/		AIDOLE LAST	Can Win	FIRST	MIDDLE	tast
	Frank Jos	seph Weber,		toria	ADDRESS	Weilgoze
Ы	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			7.1	10
	NO	213-09-	. 5959 Mari	an E. V	Weber see	
Н	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one couse per line for tal. It and	Ti. 0 4	a. A	1-10.0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Н	IMMEDIATE	CAUSE (o)	HUME IN	earl	Suma	- I Well-
	to Refrict to the same	DUE TO, OR AS A CONSEQUE	NCE OF	a sta	4	Wears
34	Conditions, if ony, which	COVO.	COUN	arrent	Crevie	Jours
	couse (a), stating the underlying couse lost	DUE TO, OR AS ACONSEQUE	KED)_	1		sear 1
		1100	V			17002
		ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELAY	D TO THE TERMIN	TAL DISEASE OR CONDITION (GIVEN IN PART 110
H	I 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERF	DRMED	TON AUTOPSYT 20b. IF	YES WERE FINDINGS USED
7.1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				YES IN OF	TIRYING CAUSES OF DEATH?
9.	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21£ HOW 8	NJURY OCCURRE	D. FENTER HATURE OF HARDS HE HEM.	R FART (CR FART 2)
1	OR COLUMNIC COLUMN OF OF OR	HOUR A.M. MONTH DA	YEAR			
H	USE STREETING CAUSE OF DEAT	21e PLACE OF INJURY	711 LOCAT	ON	TAVE MENT	CHRON
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE FA	ARM, ETC		Off OF IOWN	COUNTY
Л	220 I certify that (1) (this haspite	all attended the three and from -	6/27	10 8	7/3	19 8 thoy (D(we) lost
	sow the deceased alive on_	1 2 10 4	and that in m	our) opinion de	oth occurred on the date and h	nour and from the couses stated
	obove (Mwa) (did not)	view the body affin death	DEGREE			22c. DATE SIGNED
	(OVIDATE	- to at with	C.M		MEDICAL STAFF	7505
	27d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRE		to 3 0.1	107
٧,	PUDGAT T	DANIZIKS!	TO 5A	SON	MADILA	D -11-11
	230. BURIAL, CREMATION, REMOVAL	911000	AME OF CEMETERY OR	CREMATORY	238 LOCATION	7 700
	Buria1		dlawn Men	STOREST THE STOREST	Easton	Talbot Md.
	24 FUNERAL DIRECTOR			25a, DATE R		
	Newnam Fu	ineral Home ADDRESS Ea	ston, Md. 2	21601 JU	10985	a buildon- Bridalle.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Electric according to the second vol - Warden state has sale thinken Selection of the select

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	3 4	0	-	1
5	REG. NO.	6.0	É	
-				_

	1	REGISTRAR			CERTIF	ICATE OF DEATH	8 D	1 0	2	0	
	{TYPE	CEASED NAME FIRST BLANC		E	W	hiteley	20 DATE OF DEATH	1421	1985	26 HOU	AM AM
	1	Female	White	4 70	9 -	15-DAY 1905	79	YRS	UNDER I YEAR	HOURS	24 HRS MIN.
3	1	RIHPLACE (STATE OR FOREIGN Maryland	USA	- V	NIDOWE		9 BALTIMORE CITY O	-1bot	F DEATH		MD.
-	11	EASTON /	(IF NOT IN SUCTOR	EMOLIA	DRESS)	TOSPITAL	IZa. USUAL OCCUPATION OF WILLIAMS	F WORKING LIFE)	IZE KIND O INDUSTRY Cann		SS OR
L	13a S	4	113c.	CITY OR TOWN HUTLOC			Rt. 1 Box	ZIP CODE 148		1643 ck,	
0	FA	Harvey	MIDDLE	Lane	3 0	Tirlie	MIDDLE	В	ortma	S	
2		VAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) (IF YES GIVI	90-12-5		Melvin L.	ADDRE Whiteley				Md.	
		Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS (c)	A CONSEQUENCE A CONS	CE OF				Hurlock, Md. Bortme's 21643 Hurlock, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2445 Ldays VEN IN PART 110 S, WERE FINDINGS USED TYING CAUSES OF DEATH? SS NO		
	CERTIFICATION	PART 2 OTHER SIGNIFICANT C				NOT RELATED TO THE TERMI	200 AUTOPSY?	20b. IF YES, V	VERE FINDIN	OF DEATH	H?
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED	P.M.	MONTH DAY	19	216 HOW INJURY OCCURRI		RY IN ITEM 18 PART			IATE
	M	White NOT WHITE 220. I certify that (1) thus haspit saw, the deceased always and the same saw.	(al) ottended the de	19 8) * an	d that in (my) (our) opinion d	eoth accurred on the do	te and havi a	85	that i) (w	ve) lost
-	N	THE PHYSICIAN'S NAME (ALL)			10	27: ADDRESS Easton MD	21601	IAN []			

BP_

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 7-23-85

illiamson Funeral Home

24 FUNERAL DIRECTOR

73c NAME OF CEMETERY OR CREMATORY Unity Washington

3115. MAINSt.

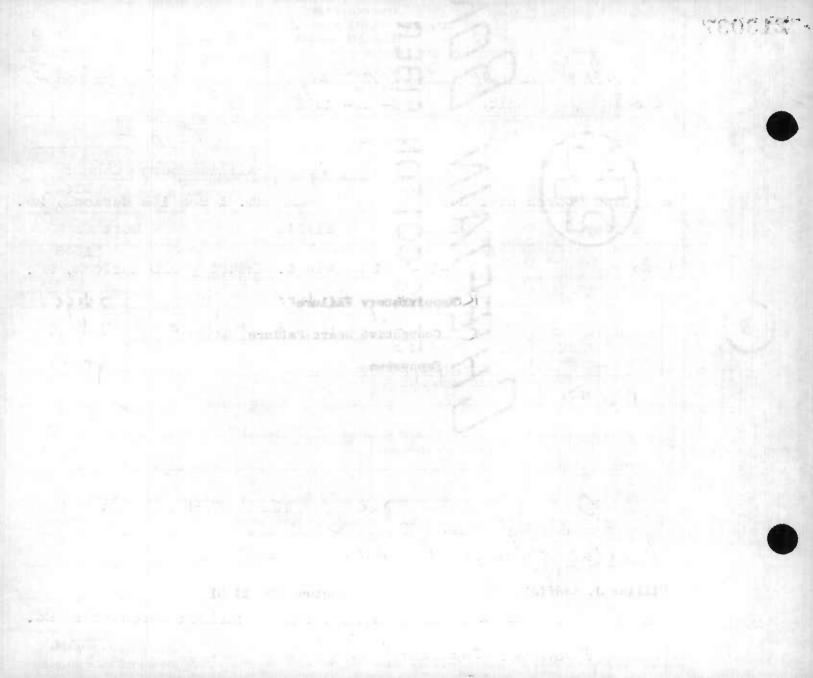
Easton, MD

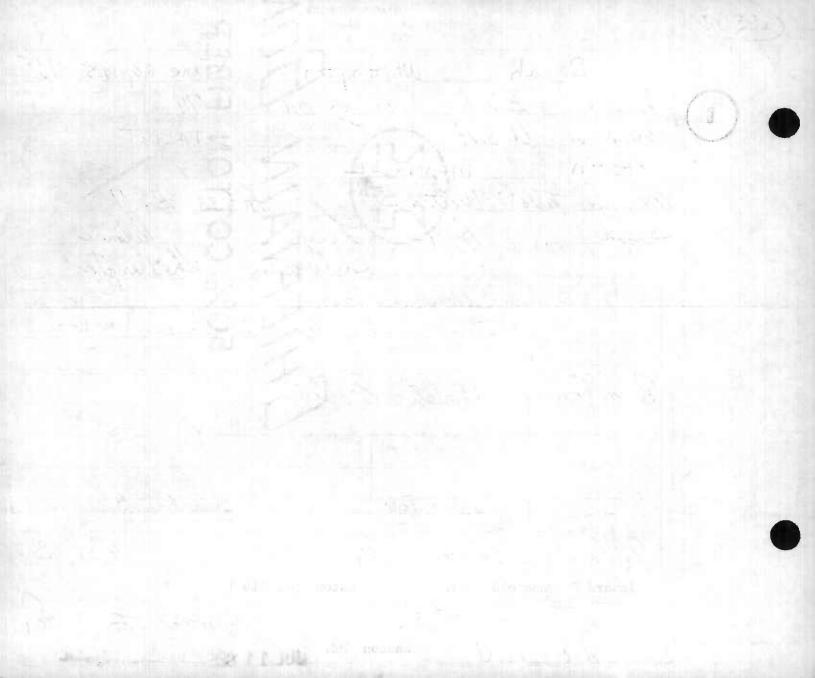
23d LOCATION Hurlock Dorchester

MG.

Fed., Md. 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE 1985 Julia Davidson-Ringelle 216320

21601





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3	REG. N	10. 2	1	0	3	
TE O	EDEATH	MONTH	DAY	VEAR	75 HOL	ũ

		REGISTRAR			CERTII	ICATE OF DEATH	O	REG. NO	O			
		CEASED NAME FIRST		MIDDLE		LAST .	20. DATE	OF DEATH	MONTH DAY	YEAR	26 HOUR	,
	(Live	Winfi	eld	LIMHONS	·W	right SR.			7 5	85	154	5 M
	3. SE)		4 RACE	TIPLE	5 DATE	OF BIRTH	6. AGE (1	IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 2	
	200	ale	Caucas		Sept	t. 29, 1924		60	YRS		HOURS	MIN.
1	7a BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIA	ORE CITY O	R COUNTY OF	DEATH		
1	Me	ryland	U. S.	A.	WIDOW		TH	albot				MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		AL OCCUPATION		12b. KIND C	F BUSINES	SOR
7		aston	East	ON Men	oria	LHOSpital	Chi		WORKING (III)	Poli	ce	ĖT.
No.	13a S	AL RESIDENCE (IF NURSING TOME COL STATE 134 COL Aryland Car		Ridgely Ridgely		13d INSIDE CITY LIMITS?	13e STREE	Libe:	ZIP CODE	meet	216	60
1		THER'S NAME	OTTIL	Ittager)		15 MOTHER'S MAIDEN NA		TIT DG.	I Uy DU	Teen	210	00
1	1	FIRST	wrence	Wright	t	Ida		MIDDLE	T	immo	ns	
h		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	4-1.	ADDRE	SS			
p		(IF YES, C	SIVE WAR OR DATES)	2132298	323	Margaret W	righ	t. Ri	dgelv.	Md	2166	04
		18 CAUSE OF DEATH (Enter of	only one couse per	line far (a), (b), and	dic						MATE INTERV	
		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	LUN		4				5	MO	
		IMMEDIA	ALC: NOT LOT									
	DUE TO, OR AS.A CONSEQUENCE OF											
	Conditions, if any, which gave rise to immediate (b)										_	
		couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF				- 11 m			
			(c)									
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER	MINAL DISE	ASE OR CON	DITION GIVEN	IN PART I	0	
4	은		To see				Lance	T-0-50112	Tani is vec in	EDE EN 15.1		
1	5	190 DATE OF OPERATION 196 CONDITION FOR WHICH			OPERATIO	N WAS PERFORMED	70a AL	200 AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF				
	Ē	190 DATE OF OPERATION 195 CONDITION FOR WHICH 210. ACCIDENT WAS UNDERLYING 7 216. TIME OF INJURY					YES NO YES		_			
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	LICUID A		AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER	NATURE OF INJUR	RY IN ITEM 18 PART	OR PART 21		
f	N S	(IF EITHER NOTIFY MEDICAL EXAMIN	C. Printer	M.	19							
	MEDICAL	21d INJURY OCCURRED		E OF INJURY		211. LOCATION		CITY OF FOWN		COUNTY STATE		
	Σ	WHILE NOT WHILE AT WORK	(AI HOME SII	REEL, PACIONY OFFICE, P	ARM EIC J							
		22a.l certify that (I) (this hospital) ottended the deceased from 3-5 10 83 to 7-5 19							87	that (1) (we	e) lost	
		saw the deceased alive of abave. (1) (was tale) (did n	n	198	. 0	nd that in (my) (aur) opinion	death occu	rred on the de	ate and havr ar	d fram the	causes stat	ed
		276 SIGNATURE	idi view the oddy	difer death.		DEGREE				22c DATE	SIGNED	-
		St	The Go	P. L	2012	ATTENDING PHYSICIAN	MEDICA	AL STAF		7-0	0-85	
T	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	7		22e ADDRESS	C-OIRECTC	/ FITTSIC	. IAI * [_]			
		Stanhan D	annou	M D		Enghan Man	James	01601				
-	220.0	Stephen P. (LAME OF C	Easton, Mary		21601 CATION				
		COECIEVA					(ITY OR TOWN	a	DUNTY	51/	ATE
	24.51	Burial	7/8/8	שלו כפ	entor	Cemetery			Carol			
	129 PL	JNERAL DIRECTOR			/	// 1/30 DA	HE KEL D. B	REGISTRAR	256 REGISTRAF	COSIGNAT	UKE	

DHMH - 16 60M 7/84 (VRA 15, 4)

MOONE FUNEURL

enousten sept. 13, 1924 | 50 ection of the feeting and the country of the first motable mengland Creating Midgely x w 206 Miberty Mirror Cloth abl thrith concrete manner Xo Starte 213229825 Jargaret Tright, Middely, MG 21550 Staphen P. Larner, H. J. Easton, Haryland cloud